

Patient Discharge Data File Documentation

**Complete File
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Patient Discharge Data
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INTRODUCTION

General Information:

The California Office of Statewide Health Planning and Development (OSHPD) provides public datasets of inpatient data collected from licensed hospitals in California. The dataset consists of a record for each inpatient discharged from a California licensed hospital including general acute care, acute psychiatric, chemical dependency recovery, and psychiatric health facilities. For more details on the definitions of the data reported by hospitals see the California Inpatient Data Reporting Manual at: www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

Disclosure Policy:

It is the policy of the Office of Statewide Health Planning and Development (OSHPD) to respect the privacy of individuals by protecting the confidentiality of all patient-level healthcare data and information that it collects, uses, and disseminates. Accordingly, the OSHPD will carefully evaluate all requests for disclosure of patient-level healthcare data and information and will ensure that all disclosures comply with applicable laws and regulations.

OSHPD may disclose patient-level healthcare data and information to the general public only if OSHPD has determined that they have been de-identified. All other patient-level healthcare data and information will be considered non-public. OSHPD will disclose non-public patient-level healthcare data and information ONLY when certain conditions have been met. For a copy of OSHPD's policy on the release of patient-level data please see Appendix A (Policy on the Disclosure of Patient-Level Healthcare Data and Information).

Modifications and Variant Action Reports:

Some facilities have applied for and been granted "modifications" to standard inpatient data reporting requirements. Other facilities were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix H (Data Exceptions and Modifications) for a listing of all non-compliant facilities and those with approved modifications and their affected variables.

Importing Notes:

There are several fields that although they appear to contain numeric data, should be treated as text. This is particularly important when working with diagnosis and procedure codes. These fields are comprised of ICD-9-CM codes. Diagnosis and procedure codes are stored without decimals and many contain leading zeros. For example, the ICD-9-CM code for Salmonella Gastroenteritis is "003.0" (implied decimal following the third digit from the left). If it is not formatted as text, the leading zeros may be dropped and the code will appear as an invalid diagnosis code of "30".

File Format:

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma-delimited patient-level datasets, a header row identifying each data element is provided in the position of the first record. The SAS dataset was created using SAS version 9.1 for Windows. The attributes for each data field is provided on the following pages.

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File Documentation

Hospital Identification Number

Field Name: OSHPD_ID
Definition: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county. A list of facility numbers and their names are provided in Appendix B - "Discharges by Facility".
Variable Type: Character
Variable Length: 6

Hospital County

Field Name: Hplcnty
Definition: The county where the reporting hospital is located.

01 = Alameda	21 = Marin	41 = San Mateo
02 = Alpine	22 = Mariposa	42 = Santa Barbara
03 = Amador	23 = Mendocino	43 = Santa Clara
04 = Butte	24 = Merced	44 = Santa Cruz
05 = Calaveras	25 = Modoc	45 = Shasta
06 = Colusa	26 = Mono	46 = Sierra
07 = Contra Costa	27 = Monterey	47 = Siskiyou
08 = Del Norte	28 = Napa	48 = Solano
09 = El Dorado	29 = Nevada	49 = Sonoma
10 = Fresno	30 = Orange	50 = Stanislaus
11 = Glenn	31 = Placer	51 = Sutter
12 = Humboldt	32 = Plumas	52 = Tehama
13 = Imperial	33 = Riverside	53 = Trinity
14 = Inyo	34 = Sacramento	54 = Tulare
15 = Kern	35 = San Benito	55 = Tuolumne
16 = Kings	36 = San Bernardino	56 = Ventura
17 = Lake	37 = San Diego	57 = Yolo
18 = Lassen	38 = San Francisco	58 = Yuba
19 = Los Angeles	39 = San Joaquin	
20 = Madera	40 = San Luis Obispo	

Variable Type: Character
Variable Length: 2

Hospital ZIP Code

Field Name: Hplzip
Definition: The ZIP Code where the reporting hospital is located.
Variable Type: Character
Variable Length: 5

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Data Set Identification Number

Field Name: Data_ID
Definition: A unique ten-digit identifier assigned to each record within a specific group of data that was submitted by a hospital for a given report period. This variable is only available to OSHPD staff.
Variable Type: Character
Variable Length: 10

Type of Care

Field Name: Typcare
Definition: Defined by the California Health and Safety Code, this refers to the licensure of the bed occupied by an inpatient. The types of care are documented on the official license issued by Licensing and Certification of the California State Department of Public Health.
0 = Unknown / Invalid / Blank
1 = Acute Care
3 = Skilled Nursing/Intermediate Care (includes GAC approved swing beds)
4 = Psychiatric Care
5 = Chemical Dependency Recovery Care
6 = Physical Rehabilitation Care
Variable Type: Character
Variable Length: 1

Patient Identification Number

Field Name: Pat_ID
Definition: Identification number assigned to each record within a specific group of data submitted by a hospital for a given report period. The patient identification number is a sequential value generated as the record is entered into the system, but there may be gaps due to the deletion of some records prior to approval or during standardization. This identifier is also called Sequence Number and this is different from the Record Linkage Sequence Number. This variable is only available to OSHPD staff.
Variable Type: Character
Variable Length: 12

Abstract Record Number

Field Name: Abstrec
Definition: A unique code consisting of not more than 12 alphanumeric characters (may include hyphens, slashes or other special characters) that identifies a particular patient's record within a reporting facility. This field is only available to OSHPD staff.
Variable Type: Character
Variable Length: 12

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Social Security Number

Field Name: SSN
Definition: The patient's Social Security Number (SSN). If the SSN is not recorded in the patient's medical record, the SSN was reported as "000000001". For more information on OSHPD's instructions for non-US numbers, Medicare Numbers, and Newborn Automatic Number Assignment (NAMA), see the California Inpatient Reporting Manual (www.oshpd.ca.gov/HID/MIRCal/IPManual.html). This variable is only available to approved OSHPD staff .
Variable Type: Character
Variable Length: 9

Record Linkage Number

Field Name: RLN
Definition: A unique 9-digit alphanumeric value that results from the encryption of the patient's Social Security Number. If the Social Security Number is blank, invalid or unknown the RLN is assigned a value of 9-dashes "-----".
Variable Type: Character
Variable Length: 9

Record Linkage Sequence Number

Field Name: rln_seq
Definition: For each six-month report period (January – June and July – December), Record Linkage Numbers are sorted by discharge date and numbered sequentially. For example, if a RLN that occurs only once, the record is assigned a sequence number of "1". Multiple records with the same RLN are assigned a sequence number based on the discharge date where the first occurrence is assigned a sequence number of "1", the second occurrence is assigned a "2", etc. A value of "0" is assigned to all records with blank, invalid or unknown SSNs (ie RLN = "-----").
Variable Type: Number
Variable Length: 8

Date of Birth

Field Name: Bthdate
Definition: Patient's modified date of birth. The modified date of birth reflects defaults applied to invalid values reported by hospitals. If the reported month or day is invalid they are defaulted to "01". If the year is invalid then the date of birth is set to null.
Variable Type: Numeric
Variable Length: 8 (MMDDYY10)

Date of Birth-Raw

Field Name: dob_raw
Definition: Patient's date of birth as reported by the hospital.
Variable Type: Character

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Variable Length: 8 (YYYYMMDD)

Age in Days (at Admission)

Field Name: Agdyadm

Definition: Age of the patient (in days) at admission. This is based on the reported admission date and patient's date of birth and only available for patients who are less than 365 days old. If the date of birth is unknown, invalid or the patient is greater than 364 days old, the age in days is set to "0".

Variable Type: Numeric

Variable Length: 8

Age in Days (at Discharge)

Field Name: Agdydsch

Definition: Age of the patient (in days) at discharge. This is based on the reported discharge date and patient's date of birth and only available for patients who are less than 365 days old. If the date of birth is unknown or invalid or the patient is greater than 364 days old, the age in days is set to "0".

Variable Type: Numeric

Variable Length: 8

Age in Years (at Admission)

Field Name: Agyradm

Definition: Age of the patient at admission. This is based on the reported admission date and patient's date of birth. If the date of birth is unknown or invalid, the age in years is set to "0".

Variable Type: Numeric

Variable Length: 8

Age in Years (at Discharge)

Field Name: Agyrdsch

Definition: Age of the patient at discharge. This is based on the reported discharge date and patient's date of birth. If the date of birth is unknown or invalid, the age in years is set to "0".

Variable Type: Numeric

Variable Length: 8

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Age Category 20 (20 categories)

Field Name: age99

Definition: Age Category of the patient at the time of admission, in five year increments.

01 = Under 1 year	11 = 45–49 years
02 = 1–4 years	12 = 50–54 years
03 = 5–9 years	13 = 55–59 years
04 = 10–14 years	14 = 60–64 years
05 = 15–19 years	15 = 65–69 years
06 = 20–24 years	16 = 70–74 years
07 = 25–29 years	17 = 75–79 years
08 = 30–34 years	18 = 80–84 years
09 = 35–39 years	19 = 85 years or greater
10 = 40–44 years	00 = Unknown age

Variable Type: Character

Variable Length: 2

Age Category 15 (15 categories)

Field Name: pub98

Definition: Age Category (15 categories) of the patient at admission.

00 = Unknown age	08 = 55–59 years
01 = Under 1 year	09 = 60–64 years
02 = 1– 4 years	10 = 65–69 years
03 = 5–14 years	11 = 70–74 years
04 = 15–24 years	12 = 75–79 years
05 = 25–34 years	13 = 80–84 years
06 = 35–44 years	14 = 85 + years
07 = 45–54 years	

Variable Type: Character

Variable Length: 2

Age Category Children (8 categories)

Field Name: chld

Definition: Age Category of the patient (with an emphasis on children) at admission.

1 = 1– 28 days	5 = 10–14 years
2 = 29–365 days	6 = 15–17 years
3 = 1– 4 years	7 = 18–20 years
4 = 5– 9 years	0 = Not a Child / Unknown age

Variable Type: Character

Variable Length: 1

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Age Category - Female High-Risk Group

Field Name(s): hrd
Definition: Age category based upon a female patient's age at the time of admission. This age category is used to report high-risk deliveries. If the age of the female patient is unknown, a value of "00" is assigned. If the patient is not female, the variable is defaulted to null.
00 = unknown age
01 = 0-15 years
02 = 16-34 years
03 = 35 + years
Variable Type: Character
Variable Length: 2

Age Category - Pivot Table

Field Name(s): Pivot
Definition: Age category based on the patient's age at the time of admission, used for the Patient Discharge Pivot Profiles:
www.oshpd.ca.gov/HID/Products/PatDischargeData/PivotTables/PatDischarges/default.asp.
00 = unknown age 06 = 40-49 years
01 = Under 1 year 07 = 50-59 years
02 = 1- 9 years 08 = 60-69 years
03 = 10-19 years 09 = 70-79 years
04 = 20-29 years 10 = 80 + years
05 = 30-39 years
Variable Type: Character
Variable Length: 2

Age Category – Perspectives 65

Field Name(s): Per65
Definition: Age category based on the patient's age at the time of admission, used for producing age-adjusted rates and used to create tables in the California Perspectives for Healthcare publication: www.oshpd.ca.gov/HID/Perspectives/index.html .
00 = unknown age
01 = 0- 4 years
02 = 5- 14 years
03 = 15-44 years
04 = 45-64 years
05 = 65+ years
Variable Type: Character
Variable Length: 2

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Age Category – Perspectives 60

Field Name(s): Persp
Definition: Age category based on the patient's age at the time of admission, used to create tables in the California Perspectives for Healthcare publication:
www.oshpd.ca.gov/HID/Perspectives/index.html .
0 = unknown age
1 = 0-14 years
2 = 15-29 years
3 = 30-44 years
4 = 45-59 years
5 = 60+ years

Variable Type: Character
Variable Length: 1

Gender

Field Name: Sex
Definition: Gender of the patient for the current admission. "Other" includes sex changes, undetermined sex, and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's gender was not available from the medical record. Reported invalid and missing values for sex were defaulted to "4".
1 = Male
2 = Female
3 = Other
4 = Unknown / Invalid

Variable Type: Character
Variable Length: 1

Ethnicity

Field Name: Ethncty
Definition: Ethnicity (self reported) of the patient. Reported invalid and missing values for ethnicity were defaulted to "3". Detailed definitions of Ethnicity and Race are provided in Appendix E.
1 = Hispanic
2 = Non-Hispanic
3 = Unknown / Invalid / Blank

Variable Type: Character
Variable Length: 1

Race

Field Name: Race
Definition: Patient's racial background (self reported). Hospitals are instructed to report race as "unknown" if a patient can not or will not declare their race. Reported invalid or

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missing values for race were defaulted to “6”. Detailed definitions of Ethnicity and Race are provided in Appendix E.

- 1 = White
- 2 = Black
- 3 = Native American / Eskimo / Aleut
- 4 = Asian / Pacific Islander
- 5 = Other
- 6 = Unknown / Invalid / Blank

Variable Type: Character
Variable Length: 1

Race Group - Normalized

Field Name: Race_grp

Definition: The normalized race group for a patient based on a combination (merged) of their reported race and ethnicity. If a patient’s ethnicity is “Hispanic”, then the race group is coded as “3 – Hispanic”. For example, white/Hispanic is assigned to code “3 – Hispanic”. For all other values of ethnicity, race group is assigned the same value as the reported race, including defaulted values. For example, White/non-Hispanic is assigned to code “1 – White”.

- 0 = Unknown / Invalid / Blank
- 1 = White
- 2 = Black
- 3 = Hispanic
- 4 = Asian / Pacific Islander
- 5 = Native American / Eskimo / Aleut
- 6 = Other

Variable Type: Character
Variable Length: 1

Ethnicity/Race Combined

Field Name: Eth_Race

Definition: The combined (concatenated) Ethnicity and Race of the patient. The first description is ethnicity and the second description is race. Defaulted values are included in this combined field.

- | | |
|--|---|
| 00 = Invalid / Invalid | 20 = Non-Hispanic / Invalid |
| 01 = Invalid / White | 21 = Non-Hispanic / White |
| 02 = Invalid / Black | 22 = Non-Hispanic / Black |
| 03 = Invalid / Native American,
Eskimo, Aleut | 23 = Non-Hispanic / Native American,
Eskimo, Aleut |
| 04 = Invalid / Asian, Pacific Islander | 24 = Non-Hispanic / Asian, Pacific Islander |
| 05 = Invalid / Other | 25 = Non-Hispanic / Other |
| 06 = Invalid / Unknown | 26 = Non-Hispanic / Unknown |
| 10 = Hispanic / Invalid | 30 = Unknown / Invalid |
| 11 = Hispanic / White | 31 = Unknown / White |
| 12 = Hispanic / Black | 32 = Unknown / Black |
| 13 = Hispanic / Native American, | 33 = Unknown / Native American, |

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Eskimo, Aleut 14 = Hispanic / Asian, Pacific Islander 15 = Hispanic / Other 16 = Hispanic / Unknown	Eskimo, Aleut 34 = Unknown / Asian, Pacific Islander 35 = Unknown / Other 36 = Unknown / Unknown
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Variable Type: Character
 Variable Length: 2

Patient ZIP Code

Field Name: Patzip
 Definition: The patient's 5-digit ZIP Code of residence. If the ZIP Code is unknown, it is assigned a value of XXXXX. Foreign residents are assigned a ZIP Code of YYYYYY and homeless persons are assigned a ZIP Code of ZZZZZ. If only the city of residence is known, the first three digits of the ZIP Code are reported followed by two zeros. Invalid ZIP Codes are defaulted to blank.

Variable Type: Character
 Variable Length: 5

Patient County

Field Name: Patcnty
 Definition: The patient's county of residence. OSHPD assigns the county of residence based on the patient's reported ZIP Code. Because ZIP Codes can cross county boundaries, OSHPD assigns the county with the greatest population in the respective ZIP Code. Invalid, blank, unknown ZIP Codes as well as patients residing outside California and the homeless persons are assigned a county code value of 00.

01 = Alameda	21 = Marin	41 = San Mateo
02 = Alpine	22 = Mariposa	42 = Santa Barbara
03 = Amador	23 = Mendocino	43 = Santa Clara
04 = Butte	24 = Merced	44 = Santa Cruz
05 = Calaveras	25 = Modoc	45 = Shasta
06 = Colusa	26 = Mono	46 = Sierra
07 = Contra Costa	27 = Monterey	47 = Siskiyou
08 = Del Norte	28 = Napa	48 = Solano
09 = El Dorado	29 = Nevada	49 = Sonoma
10 = Fresno	30 = Orange	50 = Stanislaus
11 = Glenn	31 = Placer	51 = Sutter
12 = Humboldt	32 = Plumas	52 = Tehama
13 = Imperial	33 = Riverside	53 = Trinity
14 = Inyo	34 = Sacramento	54 = Tulare
15 = Kern	35 = San Benito	55 = Tuolumne
16 = Kings	36 = San Bernardino	56 = Ventura
17 = Lake	37 = San Diego	57 = Yolo
18 = Lassen	38 = San Francisco	58 = Yuba
19 = Los Angeles	39 = San Joaquin	00 = Not a California county
20 = Madera	40 = San Luis Obispo	

Variable Type: Character

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Variable Length: 2

Admission Date

Field Name: Admtdate

Definition: The date a patient was admitted to the hospital for inpatient care. If the patient is transferred from one type of care to another (e.g., from acute care to skilled nursing/intermediate care), the admission date for the second episode would be the date the patient was transferred to the new type of care and would be treated as a separate record. If the reported admission date is blank or invalid (such as June 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire discharge record was deleted in accordance with Health and Safety Code Section 97248.

Variable Type: Number

Variable Length: 8 (MMDDYY10)

Admission Day of the Week

Field Name: Admtday

Definition: The day of the week when the patient was admitted. If the reported admission date is blank or invalid (such as June 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire discharge record was deleted in accordance with Health and Safety Code Section 97248.

1 = Sunday	5 = Thursday
2 = Monday	6 = Friday
3 = Tuesday	7 = Saturday
4 = Wednesday	

Variable Type: Character

Variable Length: 1

Admission Month

Field Name: Admtmth

Definition: The month when the patient was admitted. If the reported admission date is blank or invalid (such as June 31) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire discharge record was deleted in accordance with Health and Safety Code Section 97248.

1 = January	7 = July
2 = February	8 = August
3 = March	9 = September
4 = April	10 = October
5 = May	11 = November
6 = June	12 = December

Variable Type: Character

Variable Length: 2

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Admission Quarter

Field Name: Qtr_adm
Definition: The calendar quarter the patient was admitted. For more information on OSHPD's instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (www.oshpd.ca.gov/HID/MIRCal/IPManual.html).
1 = January – March
2 = April – June
3 = July – September
4 = October – December
Variable Type: Character
Variable Length: 1

Admission Year

Field Name: Admtyr
Definition: The year the patient was admitted. For more information on OSHPD's instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (www.oshpd.ca.gov/HID/MIRCal/IPManual.html).
Variable Type: Character
Variable Length: 4

Discharge Date

Field Name: Dschdate
Definition: The date a patient was discharge from the hospital. If the patient is transferred from one type of care to another (e.g., from acute care to skilled nursing/intermediate care), the discharge date for the first episode would be the date the patient was transferred to the new type of care and the new admission would be treated as a separate record. If the reported discharge date is blank or invalid (such as February 30) and is not corrected by the reporting facility after it is identified by OSHPD as an error, the entire discharge record was deleted in accordance with Health and Safety Code Section 97248. For more information on OSHPD's instructions for one-day stays, observation patients, ER admits, and SNF bed holds, see the California Inpatient Reporting Manual (www.oshpd.ca.gov/HID/MIRCal/IPManual.html).
1 = January – March
2 = April – June
3 = July – September
4 = October – December
Variable Type: Number
Variable Length: 8 (MMDDYY10)

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2 = Residential Care Facility	7 = Newborn (born in admitting hospital)
3 = Ambulatory Surgery	8 = Prison / Jail
4 = Skilled Nursing/Intermediate Care	9 = Other
5 = Acute (Inpatient) Hospital Care	0 = Unknown / Invalid / Blank

The second digit describes the license of site from which the patient originated:

1 = The admitting hospital
2 = Another hospital
3 = Not a hospital
0 = Unknown / invalid / blank

The third digit describes the route by which the patient was admitted:

1 = The admitting hospital's Emergency Room (ER)
2 = No ER or another facility's ER
0 = Unknown / invalid / blank

Variable Type: Character

Variable Length: 3

Source of Admission - Site

Field Name: Srcsite

Definition: The site where the patient originated. It is represented by the first digit in the Source of Admission variable. See Appendix D "Source of Admission and Disposition Definitions" for more detail definitions of these codes.

1 = Home	6 = Other Inpatient Hospital Care
2 = Residential Care Facility	7 = Newborn (born in admitting hospital)
3 = Ambulatory Surgery	8 = Prison / Jail
4 = Skilled Nursing/Intermediate Care	9 = Other
5 = Acute Inpatient Hospital Care	0 = Unknown / Invalid / Blank

Variable Type: Character

Variable Length: 1

Source of Admission - Licensure

Field Name: Srclicns

Definition: The licensure of the site where the patient originated. It is represented by the second digit in the Source of Admission variable. See Appendix D "Source of Admission and Disposition Definitions" for more detail definitions of these codes.

1 = The admitting hospital
2 = Another hospital
3 = Not a hospital
0 = Unknown / invalid / blank

Variable Type: Character

Variable Length: 1

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Source of Admission - Route

Field Name: Srcroute
Definition: The route by which the patient was admitted. It is represented by the third digit in the Source of Admission variable. See Appendix D “Source of Admission and Disposition Definitions” for more detail definitions of these codes.
1 = The admitting hospital’s Emergency Room (ER)
2 = No ER or another facility’s ER
0 = Unknown / invalid / blank
Variable Type: Character
Variable Length: 1

Type of Admission

Field Name: Admtype
Definition: When the patient’s admission was arranged.
1 = Scheduled (arranged with the hospital at least 24 hours prior to the admission)
2 = Unscheduled (not arranged at least 24 hours prior to the admission)
3 = Infant (under 24 hrs. old)
4 = Unknown
0 = Invalid / Blank
Variable Type: Character
Variable Length: 1

Disposition

Field Name: Disp
Definition: The consequent arrangement or event ending a patient’s stay in the hospital. For detailed definitions, see Appendix D “Source of Admission and Disposition Definitions”.
01 = Routine (home)
02 = Acute Care within this hospital
03 = Other type of care within this hospital
04 = Skilled Nursing/Intermediate Care (SN/IC) within this hospital
05 = Acute type of hospital care at another hospital
06 = Other type of hospital care (not SN/IC) at another hospital
07 = Skilled Nursing/Intermediate Care (SN/IC), elsewhere
08 = Residential Care Facility
09 = Prison / Jail
10 = Left Against Medical Advice
11 = Died
12 = Home Health Service
13 = Other
00 = Invalid / Blank
Variable Type: Character
Variable Length: 2

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Expected Source of Payment – Payer Category

Field Name: pay_cat
Definition: The type of entity or organization expected to pay the greatest share of the patient's bill. For a complete list of definitions for these payer categories, see Appendix C "Expected Source of Payment Definitions and Plan Code Numbers".

- 01 = Medicare
- 02 = Medi-Cal
- 03 = Private Coverage
- 04 = Workers' Compensation
- 05 = County Indigent Programs
- 06 = Other Government
- 07 = Other Indigent
- 08 = Self Pay
- 09 = Other Payer
- 00 = Unknown / Invalid/ Blank

Variable Type: Character
Variable Length: 2

Expected Source of Payment – Type of Coverage

Field Name: pay_type
Definition: Indicates the type of coverage (HMO, non-HMO managed care, or Fee-for-Service) for the following reported categories: Medicare, Medi-Cal, Private Coverage, Workers' Compensation, County Indigent Programs, and Other Government. Type of coverage is not reported for the following categories: other indigent, self pay or other payer. For detailed definitions, see Appendix C "Expected Source of Payment Definitions and Plan Code Numbers"

- 0 = Not Applicable
- 1 = Managed Care – Knox-Keene/Medi-Cal County Organized Health System (MCOHS)
- 2 = Managed Care – Other
- 3 = Traditional Coverage

Variable Type: Character
Variable Length: 1

Expected Source of Payment – Plan Code Number

Field Name: pay_plan
Definition: This four-digit code number refers to the name of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System (MCOHS). For a complete list of plan codes and names, see Appendix C "Expected Source of Payment Definitions and Plan Code Numbers".

Variable Type: Character
Variable Length: 4

Patient Discharge Data
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Total charges

Field Name: Charge

Definition: Total Charges include all charges for services rendered during the length of stay for patient care at the facility, based on the hospital's full established rates (before contractual adjustments). Charges include, but are not limited to, daily hospital services, ancillary services and any patient care services. Hospital-based physician fees are excluded. Prepayments (e.g., deposits and prepaid admissions) are not deducted from Total Charges.

Total charges are reported in whole numbers. When no charge is generated (e.g., charity care) then Total Charges are assigned a value of \$1. If the charge was unknown or an invalid value reported then the charge is assigned a value of \$0. Total charges of \$9,999,999 indicates the actual charges exceed the maximum seven digit input field size. When a patient's length of stay is more than 1 year (365 days), only the last 365 days of charges are reported. Use the following formula to adjust total charges to reflect stays more than 1 year in length:

Adjusted Total Charges = (Total Charges / 365 days) x Length of Stay

For more information on charges related to total package, interim billing, physician professional component, and organ donors see the California Inpatient Data Reporting Manual (www.oshpd.ca.gov/HID/MIRCal/IPManual.html).

Variable Type: Numeric

Variable Length: 8

Do Not Resuscitate Order (Pre-Hospital Care & Resuscitation)

Field Name: DNR

Definition: A "Do Not Resuscitate" (DNR) order is also known as a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: Cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation. If a DNR order is written at the time of or within 24 hours of patient's admission and is then discontinued at some later time during the patient's hospital stay, the DNR is reported as "Y" for yes. If a DNR order is written after the first 24 hours of admission, the DNR is reported as "N" for no. All blank, missing and invalid codes have been defaulted to null.

Y = Yes, a DNR order was written within the first 24 hours of the patient's admission

N = No, a DNR order not written or written after the first 24 hours of the patient's admission

Variable Type: Character

Variable Length: 1

Patient Discharge Data

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Major Diagnostic Category

Field Name: MDC

Definition: MDCs are mutually exclusive categories containing all possible principal diagnosis areas. The diagnoses in each MDC correspond to a single major organ system or etiology, and in general are associated with a particular medical specialty. Some MDCs are residual categories containing diseases or disorders that could not be assigned to an organ system-based MDC. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software effective October 1, the start of the Federal fiscal year for the Medicare Prospective Payment System. OSHPD implements the same software effective with discharges from the beginning of the following calendar year.

The MDC is based on the principal diagnosis. The MDC is given "00" for records where the principal diagnosis is not an existing ICD-9-CM code or where OSHPD's sex code 3 or 4 is not recognized by the DRG grouper. Note: Beginning with 1993 data, new codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent ICD-9-CM code recognized by the DRG Grouper Version for that calendar year and assigned to an MDC based on that DRG Grouper Version's logic. For a list of MDC codes and labels, see Appendix F.

Variable Type: Character

Variable Length: 2

Diagnosis Related Group

Field Name: DRG

Definition: Medical and surgical DRGs are case-mix assignments grouping hospital patients to categories based on diagnostic, therapeutic and demographic characteristics for the purpose of reimbursement. OSHPD purchases the DRG Grouper software from Centers for Medicare and Medicaid Services (CMS) contractor, 3M® Health Information Systems. CMS implements revisions to the DRG Grouper software every October 1, the start of Federal fiscal year for the Medicare Prospective Payment System. OSHPD implements the same software effective with discharges from the beginning of the following calendar year. Special note: New codes after October 1, are "mapped" by OSHPD's own mapping logic system to the closest equivalent ICD-9-CM code recognized by the DRG Grouper Version for that calendar year and assigned to a DRG based on that DRG Grouper Version's logic. For a list of DRG codes and labels, see Appendix G.

Variable Type: Character

Variable Length: 3

External Cause of Injury - Principal E-Code

Field Name: Ecode_P

Definition: The external cause of injury or poisoning or adverse effect code (E800-E999) which describes the mechanism that resulted in the most severe injury, poisoning, or adverse effect related to the admission. An E-code is to be reported on the record for the first episode of care reportable to OSHPD during which the injury,

Patient Discharge Data
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poisoning, and/or adverse effect was diagnosed and/or treated. If the E-code has been previously reported on a discharge or encounter, the E-code will not be reported again on the discharge record. They are coded according to the ICD-9-CM. E870-E879 for misadventures and abnormal reactions are not required for reporting.

Variable Type: Character (implied decimal after the 4th character from the left)
Variable Length: 5

External Cause of Injury - Other E-Code (up to 4)

Field Name(s): Ecode1 – Ecode4

Definition: The additional external cause of injury or poisoning or adverse effect codes (E800-E999) that completely describe the mechanisms that contributed to, or the causal events surrounding, any injury, poisoning, or adverse effect. Up to 4 other E-codes should be included for the first reportable episode of care during which the injury, poisoning, or adverse effect was diagnosed and/or treated only. If the E-code has been previously reported on a discharge or encounter, the E-code will not be reported again on the discharge record. They are coded according to the ICD-9-CM. E870-E879 for misadventures and abnormal reactions are not required for reporting.

Variable Type: Character (implied decimal after the 4th character from the left)
Variable Length: 5

Principal Diagnosis

Field Name(s): Diag_P

Definition: The condition established, after study, to be the chief cause of the admission of the patient to the hospital for care. Diagnoses are coded according to the ICD-9-CM. If the reported principal diagnosis code is blank or invalid and is not corrected by the reporting facility after it is identified by OSHPD as an error, the principal diagnosis was defaulted to 799.9, in accordance with Health and Safety Code Section 97248.

Variable Type: Character (implied decimal after the 3rd character from the left)
Variable Length: 5

Other Diagnoses (up to 24)

Field Name(s): Odiag1-Odiag24

Definition: All other conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are excluded. Diagnoses are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 3rd character from the left)
Variable Length: 5

Patient Discharge Data
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Condition Present at Admission – Principal Diagnosis

Field Name(s): cpoa_p

Definition: A condition is considered present at admission (CPAA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Beginning October 1, 2007, hospitals are required to report two additional indicators for a new standard claims data element Present on Admission (POA). “W” is reported for diagnoses if the physician is unable to clinically determine if the diagnosis was present at admission or not. A “1” is reported for diagnoses that are exempt from POA reporting. As a result, OSHPD allowed hospitals to report these two new POA indicators to minimize their hardship between national standards and OSHPD reporting. The new POA indicators were not edited for accuracy in 2007 and remain as the hospital reported them. When the regulations are approved for changing CPAA to POA, we will edit for all POA indicators beginning with July-December 2008 inpatient report period. Invalid values are set to Null.

Y = Yes, diagnosis is present at admission

N = No, diagnosis is not present at admission

U = Uncertain, if diagnosis is present at admission

W = Reported as clinically undetermined

1 = Reported as exempt from POA reporting

Variable Type: Character

Variable Length: 1

Condition Present at Admission – Other Diagnosis

Field Name(s): cpoa1-cpoa24

Definition: A condition is considered present at admission (POA) if it is identified in the history and physical examination or documented in the current inpatient medical records (e.g., emergency room, initial progress, initial nursing assessment, clinic/office notes). Beginning October 1, 2007, hospitals are required to report two additional indicators for a new standard claims data element Present on Admission (POA). “W” is reported for diagnoses if the physician is unable to clinically determine if the diagnosis was present at admission or not. A “1” is reported for diagnoses that are exempt from POA reporting. As a result, OSHPD allowed hospitals to report these two new POA indicators to minimize their hardship between national standards and OSHPD reporting. The new POA indicators were not edited for accuracy in 2007 and remain as the hospital reported them. When the regulations are approved for changing CPAA to POA, we will edit for all POA indicators beginning with July-December 2008 inpatient report period. Invalid values are set to Null.

Y = Yes, diagnosis is present at admission

N = No, diagnosis is not present at admission

U = Uncertain, if diagnosis is present at admission

W = Reported as clinically undetermined

1 = Reported as exempt from POA reporting

Variable Type: Character

Variable Length: 1

Patient Discharge Data
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Principal Procedure

Field Name(s): Proc_P
Definition: The procedure that is the one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis was reported as principal procedure. Procedures are coded according to the ICD-9-CM.
Variable Type: Character (implied decimal after the 2nd character from the left)
Variable Length: 4

Other Procedures (up to 20)

Field Name(s): oproc1-oproc20
Definition: All other procedures, related to the patient's stay, which are surgical in nature, carry a procedural risk, or carry an anesthetic risk or is needed for DRG assignment. Procedures are coded according to the ICD-9-CM.
Variable Type: Character (implied decimal after the 2nd character from the left)
Variable Length: 4

Principal Procedure Date

Field Name(s): Proc_pdt
Definition: The date the principal procedure was performed. When a patient was admitted within 72 hours (three days) of procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the hospital is required under billing requirements to add procedure and the procedure date onto the inpatient record. Under OSHPD accommodation, the procedure date was reported when it actually occurred and was not changed to the admission date.
Variable Type: Numeric
Variable Length: 8 (MMDDYY10)

Other Procedures Dates (up to 20)

Field Name(s): procdt1-procdt20
Definition: The date each other procedure was performed. When a patient was admitted within 72 hours (three days) of procedure performed in a licensed ambulatory surgery facility or as an outpatient in a hospital, the hospital is required under billing requirements to add procedure and the procedure date onto the inpatient record. Under OSHPD accommodation, the procedure date was reported when it actually occurred and was not changed to the admission date.
Variable Type: Numeric (MMDDYY10)
Variable Length: 8

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Principal Procedure Days

Field Name(s): Proc_pdy
Definition: The number of days between the patient's date of admission and date of the principal procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If no procedure was performed, the days to principal procedure were shown as -999.
Variable Type: Numeric
Variable Length: 8

Other Procedures Days (up to 20)

Field Name(s): procdy1-procdy20
Definition: The number of days between the patient's date of admission and date of the other procedure. If the procedure was performed prior to admission, this value will be prefixed with a minus (-) sign. If a secondary procedure is not reported then the number of days is assigned a value of "0".
Variable Type: Numeric
Variable Length: 8

Default Indicator

Field Name(s): dflt_ind
Definition: The count of reported elements in a patient discharge record that were changed to a default value during the standardization process.
Variable Type: Numeric
Variable Length: 8

To : All Interested Parties

Date : September 30, 2005

From : David M. Carlisle, M.D., Ph.D.
Director, OSHPD



Subject: Policy on the Disclosure of Patient Level Healthcare Data and Information
Policy # 05 - 18

Policy

It is the policy of the Office of Statewide Health Planning and Development (Office) to respect the privacy of individuals by protecting the confidentiality of all patient level healthcare data and information that it collects, uses, and disseminates. Accordingly, the Office will carefully evaluate all requests for disclosure of patient level healthcare data and information and will ensure that all disclosures comply with applicable laws and regulations.

The Office may disclose patient level healthcare data and information to the general public only if the Office has determined that they have been de-identified. All other patient level healthcare data and information will be considered non-public. The Office may restrict the use of patient level healthcare data and information disclosed to the general public and may prohibit the re-release of the data and information at the patient level.

Unless specifically provided for by law, the Office will not disclose patient level healthcare data and information for the purpose of identifying or contacting individuals or to obtain medical information about specific individuals.

The Office will not disclose non-public patient level healthcare data and information unless the following conditions have been met:

- The Office has analyzed the risks of identification or linkage of the data and information to individuals.
- Disclosure of the data and information is limited to only those data and information that are the least confidential and most relevant and necessary to accomplish the objectives for which they are requested.
- Use of the data and information will be limited to that described in the request.

- The data and information will be protected from unauthorized use or disclosure.
- The disclosure is permitted under current laws and regulations, including the Information Practices Act of 1977, and the policies of the California Health and Human Services Agency.
- The California Health and Human Services Agency's Committee for the Protection of Human Subjects has approved the project for which the data and information are requested. If the data and information have been requested pursuant to Health and Safety Code §128766, approval of the Committee will only be required if the data and information are requested for research.
- The Office's Chief Information Officer approves the disclosure.

The Office reserves the right to withhold disclosure of any data or information or recover any data and information previously disclosed.

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
010735	ALAMEDA HOSPITAL	3,078
010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	26,421
010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	10,380
010782	THUNDER ROAD CHEMICAL DEPENDENCY RECOVERY HOSPITAL	137
010805	EDEN MEDICAL CENTER	9,687
010844	ALTA BATES SUMMIT MED CTR-HERRICK CAMPUS	3,750
010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	14,649
010856	KAISER FND HOSP - OAKLAND CAMPUS	18,916
010858	KAISER FND HOSP - HAYWARD	15,575
010887	KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	406
010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	15,001
010967	ST. ROSE HOSPITAL	8,407
010983	VALLEY MEMORIAL HOSPITAL - LIVERMORE	9,304
010987	WASHINGTON HOSPITAL - FREMONT	17,017
013619	SAN LEANDRO HOSPITAL	4,212
013687	MPI CHEMICAL DEPENDENCY RECOVERY HOSPITAL	639
014034	FREMONT HOSPITAL	3,476
014132	KAISER FND HOSP - FREMONT	5,857
014207	TELECARE HERITAGE PSYCHIATRIC HEALTH FACILITY	933
014226	Telecare Willow Rock Center	196
034002	SUTTER AMADOR HOSPITAL	2,920
040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	901
040875	FEATHER RIVER HOSPITAL	5,469
040937	OROVILLE HOSPITAL	8,578
040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	15,885
044006	BUTTE COUNTY PHF	685
050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	1,758
060870	COLUSA REGIONAL MEDICAL CENTER	1,339
070904	DOCTORS MEDICAL CENTER - SAN PABLO	5,854
070924	CONTRA COSTA REGIONAL MEDICAL CENTER	11,078
070934	SUTTER DELTA MEDICAL CENTER	8,582
070988	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	20,306
070990	KAISER FND HOSP - WALNUT CREEK	23,740
071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	9,369
074017	SAN RAMON REGIONAL MEDICAL CENTER	6,286
074039	JOHN MUIR BEHAVIORAL HEALTH CENTER	2,554
074093	KAISER FND HOSP - RICHMOND CAMPUS	3,248
074097	KAISER FOUND HSP-ANTIOCH	1,060
084001	SUTTER COAST HOSPITAL	2,787
090793	BARTON MEMORIAL HOSPITAL	3,844
090933	MARSHALL MEDICAL CENTER (1-RH)	7,004
094002	EL DORADO COUNTY P H F	372
100005	COMMUNITY MEDICAL CENTER - CLOVIS	12,517

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
100697	COALINGA REGIONAL MEDICAL CENTER	1,178
100717	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	35,666
100745	KINGSBURG MEDICAL CENTER	474
100797	SIERRA KINGS DISTRICT HOSPITAL	4,438
100822	UNIVERSITY MEDICAL CENTER	3,051
100899	ST. AGNES MEDICAL CENTER	29,118
104023	SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	1,270
104047	FRESNO SURGICAL HOSPITAL	1,016
104062	KAISER FND HOSP - FRESNO	9,399
104089	FRESNO COUNTY PSYCHIATRIC HEALTH FACILITY	757
105029	FRESNO HEART AND SURGICAL HOSPITAL	2,948
110889	GLENN MEDICAL CENTER	296
121002	MAD RIVER COMMUNITY HOSPITAL	3,037
121031	JEROLD PHELPS COMMUNITY HOSPITAL	132
121051	REDWOOD MEMORIAL HOSPITAL	1,956
121080	ST. JOSEPH HOSPITAL - EUREKA	6,611
124004	SEMPERVIRENS P.H.F.	489
130699	EL CENTRO REGIONAL MEDICAL CENTER	7,422
130760	PIONEERS MEMORIAL HOSPITAL	6,724
141273	NORTHERN INYO HOSPITAL	1,282
141338	SOUTHERN INYO HOSPITAL	53
150706	DELANO REGIONAL MEDICAL CENTER	4,748
150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	17,945
150736	KERN MEDICAL CENTER	16,517
150737	KERN VALLEY HEALTHCARE DISTRICT	1,119
150761	MERCY HOSPITAL - BAKERSFIELD	19,206
150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	2,682
150782	RIDGECREST REGIONAL HOSPITAL	3,018
150788	SAN JOAQUIN COMMUNITY HOSPITAL	13,670
150808	TEHACHAPI HOSPITAL	137
154022	HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	1,000
154101	BAKERSFIELD HEART HOSPITAL	4,091
160702	CORCORAN DISTRICT HOSPITAL	361
160725	HANFORD COMMUNITY MEDICAL CENTER	8,151
160787	CENTRAL VALLEY GENERAL HOSPITAL	6,238
171049	REDBUD COMMUNITY HOSPITAL	1,837
171395	SUTTER LAKESIDE HOSPITAL	2,969
184008	BANNER LASSEN MEDICAL CENTER	1,466
190017	ALHAMBRA HOSPITAL	4,151
190020	BHC ALHAMBRA HOSPITAL	3,475
190034	ANTELOPE VALLEY HOSPITAL	29,207
190045	CATALINA ISLAND MEDICAL CENTER	26
190049	VISTA HOSPITAL OF SAN GABRIEL VALLEY	681

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
190052	BARLOW RESPIRATORY HOSPITAL	652
190053	ST. MARY MEDICAL CENTER	15,147
190066	BELLFLOWER MEDICAL CENTER	6,964
190081	BEVERLY HOSPITAL	10,513
190110	BROTMAN MEDICAL CENTER	8,227
190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	20,628
190137	CASA COLINA HOSPITAL FOR REHAB MEDICINE	1,255
190148	CENTINELA HOSPITAL MEDICAL CENTER	23,643
190150	KEDREN COMMUNITY MENTAL HEALTH CENTER	1,119
190155	CENTURY CITY DOCTORS HOSPITAL	4,600
190159	TRI-CITY REGIONAL MEDICAL CENTER	3,346
190163	AURORA CHARTER OAK	4,498
190170	CHILDREN'S HOSPITAL OF LOS ANGELES	10,990
190176	CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL	5,936
190184	COLLEGE HOSPITAL	6,763
190196	VISTA HOSPITAL OF SOUTH BAY	442
190197	COMMUNITY AND MISSION HSP OF HNTG PK - SLAUSON	7,332
190198	LOS ANGELES COMMUNITY HOSPITAL	6,066
190200	SAN GABRIEL VALLEY MEDICAL CENTER	11,304
190232	DEL AMO HOSPITAL	3,527
190240	LAKEWOOD REGIONAL MEDICAL CENTER	7,543
190243	DOWNEY REGIONAL MEDICAL CENTER	15,358
190256	EAST LOS ANGELES DOCTORS HOSPITAL	4,040
190280	ENCINO-TARZANA REGIONAL MED CTR-ENCINO	3,697
190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	5,733
190305	KINDRED HOSPITAL - LOS ANGELES	654
190307	PACIFIC ALLIANCE MEDICAL CENTER, INC.	8,270
190315	GARFIELD MEDICAL CENTER	15,789
190317	GATEWAYS HOSPITAL AND MENTAL HEALTH CENTER	1,034
190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	20,574
190328	EAST VALLEY HOSPITAL MEDICAL CENTER	2,403
190352	GREATER EL MONTE COMMUNITY HOSPITAL	4,354
190380	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	2,443
190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	19,374
190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	17,305
190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	22,105
190400	HUNTINGTON MEMORIAL HOSPITAL	29,833
190410	CITY OF ANGELS MEDICAL CENTER-INGLESIDE CAMPUS	3,417
190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	9,001
190422	TORRANCE MEMORIAL MEDICAL CENTER	26,712
190429	KAISER FND HOSP - SUNSET	23,909
190430	KAISER FND HOSP - BELLFLOWER	22,080
190431	KAISER FND HOSP - HARBOR CITY	16,248

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
190432	KAISER FND HOSP - PANORAMA CITY	14,584
190434	KAISER FND HOSP - WEST LA	11,139
190449	KINDRED HOSPITAL - LA MIRADA	2,263
190455	LANCASTER COMMUNITY HOSPITAL	6,480
190462	AURORA LAS ENCINAS HOSPITAL, LLC	3,113
190468	PROMISE HOSPITAL OF EAST LOS ANGELES-EAST L.A. CAMPUS	1,087
190470	LITTLE COMPANY OF MARY HOSPITAL	20,238
190475	COMMUNITY HOSPITAL OF LONG BEACH	3,869
190500	CENTINELA FREEMAN REG MED CTR-MARINA CAMPUS	3,872
190517	ENCINO-TARZANA REGIONAL MED CTR-TARZANA	13,660
190521	MEMORIAL HOSPITAL OF GARDENA	7,303
190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	15,207
190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	6,669
190525	LONG BEACH MEMORIAL MEDICAL CENTER	24,935
190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	19,349
190534	OLYMPIA MEDICAL CENTER	5,919
190547	MONTEREY PARK HOSPITAL	7,001
190552	MOTION PICTURE AND TELEVISION HOSPITAL	850
190555	CEDARS SINAI MEDICAL CENTER	54,166
190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	18,854
190570	NORWALK COMMUNITY HOSPITAL	2,574
190587	PACIFIC HOSPITAL OF LONG BEACH	8,178
190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	30,799
190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	22,160
190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	23,214
190646	KAISER FND HOSP - MENTAL HEALTH CENTER	2,253
190661	CITY OF ANGELS MEDICAL CENTER-DOWNTOWN CAMPUS	2,814
190673	SAN DIMAS COMMUNITY HOSPITAL	4,657
190680	LITTLE COMPANY OF MARY - SAN PEDRO HOSPITAL	8,586
190681	MIRACLE MILE MEDICAL CENTER	86
190687	SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL	12,948
190696	PACIFICA HOSPITAL OF THE VALLEY	6,606
190708	SHERMAN OAKS HOSPITAL	5,494
190712	SHRINERS HOSPITAL FOR CHILDREN - L.A.	1,376
190754	ST. FRANCIS MEDICAL CENTER	27,934
190756	ST. JOHN'S HEALTH CENTER	15,647
190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	22,953
190762	ST. VINCENT MEDICAL CENTER	9,002
190766	COAST PLAZA DOCTORS HOSPITAL	3,853
190782	TARZANA TREATMENT CENTER	2,205
190784	TEMPLE COMMUNITY HOSPITAL	2,831
190796	UCLA MEDICAL CENTER	27,186
190812	VALLEY PRESBYTERIAN HOSPITAL	20,863

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
190814	HOLLYWOOD COMMUNITY HOSPITAL OF VAN NUYS	2,554
190818	VERDUGO HILLS HOSPITAL	8,017
190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	8,522
190857	DOCTORS HOSPITAL OF WEST COVINA, INC	311
190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	9,165
190878	WHITE MEMORIAL MEDICAL CENTER	20,327
190883	WHITTIER HOSPITAL MEDICAL CENTER	11,404
190930	RESNICK NEUROPSYCHIATRIC HOSPITAL AT UCLA	1,805
190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	13,092
191216	USC KENNETH NORRIS, JR. CANCER HOSPITAL	2,302
191225	TOM REDGATE MEMORIAL RECOVERY CENTER	774
191227	LOS ANGELES CO HARBOR-UCLA MEDICAL CENTER	22,771
191228	LOS ANGELES CO USC MEDICAL CENTER	38,290
191230	MARTIN LUTHER KING JR.-HARBOR HOSPITAL	2,189
191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	14,881
191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	2,507
191450	KAISER FND HOSP - WOODLAND HILLS	14,624
194010	AMERICAN RECOVERY CENTER	1,445
194219	USC UNIVERSITY HOSPITAL	6,696
194967	STAR VIEW ADOLESCENT - P H F	76
194981	LA CASA PSYCHIATRIC HEALTH FACILITY	139
196035	KAISER FND HOSP - BALDWIN PARK	18,594
196168	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	20,919
196404	JOYCE EISENBERG KEEFER MEDICAL CENTER	12
201281	MADERA COMMUNITY HOSPITAL	7,387
204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	11,887
210992	KAISER FND HOSP - SAN RAFAEL	6,179
210993	KENTFIELD REHABILITATION HOSPITAL	565
211006	MARIN GENERAL HOSPITAL	11,893
214034	NOVATO COMMUNITY HOSPITAL	1,672
220733	JOHN C FREMONT HEALTHCARE DISTRICT	307
230949	FRANK R HOWARD MEMORIAL HOSPITAL	1,241
231013	MENDOCINO COAST DISTRICT HOSPITAL	1,434
231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	4,683
240853	DOS PALOS MEMORIAL HOSPITAL	17
240924	MEMORIAL HOSPITAL LOS BANOS	2,699
240942	MERCY MEDICAL CENTER MERCED-COMMUNITY CAMPUS	13,292
244027	MARIE GREEN PSYCHIATRIC CENTER - P H F	531
250955	SURPRISE VALLEY COMMUNITY HOSPITAL	70
250956	MODOC MEDICAL CENTER	189
260011	MAMMOTH HOSPITAL	883
270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	12,303
270777	GEORGE L MEE MEMORIAL HOSPITAL	2,816

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
270875	SALINAS VALLEY MEMORIAL HOSPITAL	15,390
274043	NATIVIDAD MEDICAL CENTER	9,592
281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	9,812
281078	ST. HELENA HOSPITAL	4,156
281297	N M HOLDERMAN MEMORIAL HOSPITAL (VET'S HOME OF CAL	619
291023	SIERRA NEVADA MEMORIAL HOSPITAL	7,067
291053	TAHOE FOREST HOSPITAL	2,483
300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	10,247
300225	ORANGE COAST MEMORIAL MEDICAL CENTER	14,596
301097	ANAHEIM GENERAL HOSPITAL	3,915
301098	ANAHEIM MEMORIAL MEDICAL CENTER	16,744
301127	KINDRED HOSPITAL BREA	440
301132	KAISER FND HOSP - ANAHEIM	17,781
301140	CHAPMAN MEDICAL CENTER	2,595
301155	COLLEGE HOSPITAL COSTA MESA	4,187
301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	20,274
301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	10,990
301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	33,001
301209	HUNTINGTON BEACH HOSPITAL	4,682
301234	LA PALMA INTERCOMMUNITY HOSPITAL	4,343
301248	LOS ALAMITOS MEDICAL CENTER	11,432
301258	COASTAL COMMUNITIES HOSPITAL	7,308
301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	20,504
301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	17,363
301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	10,294
301297	PLACENTIA LINDA HOSPITAL	3,999
301304	NEWPORT BAY HOSPITAL	767
301317	SADDLEBACK MEMORIAL MEDICAL CENTER	18,247
301325	SADDLEBACK MEMORIAL MEDICAL CENTER - SAN CLEMENTE	2,738
301337	SOUTH COAST MEDICAL CENTER	5,322
301340	ST. JOSEPH HOSPITAL - ORANGE	26,618
301342	ST. JUDE MEDICAL CENTER	18,677
301357	TUSTIN HOSPITAL MEDICAL CENTER	1,469
301379	ANAHEIM REGIONAL MEDICAL CENTER	7,137
301380	KINDRED HOSPITAL WESTMINSTER	1,097
301566	WESTERN MEDICAL CENTER - SANTA ANA	15,130
304045	IRVINE REGIONAL HOSPITAL AND MEDICAL CENTER	11,764
304079	HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	950
304113	CHILDREN'S HOSPITAL AT MISSION	2,384
304159	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE	108
310791	SUTTER AUBURN FAITH HOSPITAL	4,894
311000	SUTTER ROSEVILLE MEDICAL CENTER	17,137
314024	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-EUREKA	11,811

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
314029	TELECARE PLACER COUNTY PSYCHIATRIC HEALTH FACILITY	627
320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	502
320986	PLUMAS DISTRICT HOSPITAL	662
321016	SENECA HEALTHCARE DISTRICT	223
330120	BETTY FORD CENTER AT EISENHOWER, THE	1,233
331152	CORONA REGIONAL MEDICAL CENTER-MAIN	11,689
331164	DESERT REGIONAL MEDICAL CENTER	21,085
331168	EISENHOWER MEMORIAL HOSPITAL	19,285
331194	HEMET VALLEY MEDICAL CENTER	17,857
331216	JOHN F KENNEDY MEMORIAL HOSPITAL	12,941
331226	RIVERSIDE CENTER FOR BEHAVIORAL MEDICINE	895
331288	PALO VERDE HOSPITAL	1,715
331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	10,225
331312	RIVERSIDE COMMUNITY HOSPITAL	22,914
331326	SAN GORGONIO MEMORIAL HOSPITAL	4,774
332172	VISTA HOSPITAL OF RIVERSIDE	70
334018	MENIFEE VALLEY MEDICAL CENTER	4,931
334025	KAISER FND HOSP - RIVERSIDE	19,598
334048	MORENO VALLEY COMMUNITY HOSPITAL	8,518
334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	19,988
334457	OASIS PSYCHIATRIC HEALTH FACILITY	800
334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	24,438
340913	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-MORSE	22,900
340947	MERCY GENERAL HOSPITAL	20,475
340950	MERCY SAN JUAN HOSPITAL	20,418
340951	METHODIST HOSPITAL OF SACRAMENTO	9,963
341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	30,752
341051	SUTTER GENERAL HOSPITAL	12,185
341052	SUTTER MEMORIAL HOSPITAL	23,452
342344	KAISER FND HOSP - SOUTH SACRAMENTO	16,269
342392	SIERRA VISTA HOSPITAL	3,226
344011	SACRAMENTO COUNTY MENTAL HEALTH TREATMENT CENTER	2,173
344017	SUTTER CENTER FOR PSYCHIATRY	2,085
344021	HERITAGE OAKS HOSPITAL	2,412
344029	MERCY HOSPITAL - FOLSOM	5,895
344035	KINDRED HOSPITAL - SACRAMENTO	262
344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	1,281
350784	HAZEL HAWKINS MEMORIAL HOSPITAL	3,260
361105	BARSTOW COMMUNITY HOSPITAL	3,133
361110	BEAR VALLEY COMMUNITY HOSPITAL	436
361144	CHINO VALLEY MEDICAL CENTER	6,451
361166	MONTCLAIR HOSPITAL MEDICAL CENTER	5,975
361223	KAISER FND HOSP - FONTANA	30,627

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	33,824
361266	MOUNTAINS COMMUNITY HOSPITAL	665
361274	KINDRED HOSPITAL ONTARIO	1,090
361308	REDLANDS COMMUNITY HOSPITAL	14,852
361318	SAN ANTONIO COMMUNITY HOSPITAL	17,128
361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	13,995
361339	ST. BERNARDINE MEDICAL CENTER	17,381
361343	ST. MARY REGIONAL MEDICAL CENTER	16,462
361370	VICTOR VALLEY COMMUNITY HOSPITAL	6,661
361458	COLORADO RIVER MEDICAL CENTER	441
362041	HI-DESERT MEDICAL CENTER	4,307
364014	LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER	4,346
364050	CANYON RIDGE HOSPITAL	2,456
364121	SUN HEALTH ROBERT H. BALLARD REHABILITATION HOSP	708
364144	DESERT VALLEY HOSPITAL	6,314
364188	RANCHO SPECIALTY HOSPITAL	617
364231	ARROWHEAD REGIONAL MEDICAL CENTER	25,963
370652	ALVARADO HOSPITAL	8,305
370658	SCRIPPS MERCY HOSPITAL - CHULA VISTA	12,754
370673	RADY CHILDREN'S HOSPITAL - SAN DIEGO	13,895
370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	2,712
370693	SHARP CABRILLO HOSPITAL	1,218
370694	SHARP MEMORIAL HOSPITAL	15,923
370695	SHARP MARY BIRCH HOSPITAL FOR WOMEN	18,886
370705	FALLBROOK HOSPITAL DISTRICT	3,387
370714	GROSSMONT HOSPITAL	29,018
370721	KINDRED HOSPITAL - SAN DIEGO	382
370730	KAISER FND HOSP - SAN DIEGO	31,121
370744	SCRIPPS MERCY HOSPITAL	21,913
370745	SHARP MESA VISTA HOSPITAL	5,458
370749	ALVARADO PARKWAY INSTITUTE B.H.S.	2,222
370755	PALOMAR MEDICAL CENTER	26,374
370759	PARADISE VALLEY HOSPITAL	12,714
370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	21,549
370780	TRI-CITY MEDICAL CENTER	21,458
370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	24,271
370787	PROMISE HOSPITAL OF SAN DIEGO	1,775
370875	SHARP CHULA VISTA MEDICAL CENTER	18,689
370977	POMERADO HOSPITAL	8,791
371256	SCRIPPS GREEN HOSPITAL	10,950
371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	9,607
374024	AURORA SAN DIEGO	2,641
374049	SHARP VISTA PACIFICA	216

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
374055	SAN DIEGO COUNTY PSYCHIATRIC HOSPITAL	1,021
374084	SAN DIEGO HOSPICE AND PALLIATIVE CARE-ACUTE CARE CTR	935
374094	CONTINENTAL REHABILITATION HOSPITAL OF SAN DIEGO	913
380842	JEWISH HOME	335
380857	KAISER FND HOSP - GEARY S F	16,736
380865	LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER	1,158
380868	LANGLEY PORTER PSYCHIATRIC INSTITUTE	661
380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	34,107
380939	SAN FRANCISCO GENERAL HOSPITAL	16,675
380960	ST. FRANCIS MEMORIAL HOSPITAL	6,410
380964	ST. LUKE'S HOSPITAL	6,068
380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	7,093
381154	UCSF MEDICAL CENTER	30,095
382715	CHINESE HOSPITAL	2,420
390846	DAMERON HOSPITAL	13,930
390923	LODI MEMORIAL HOSPITAL	9,142
391010	SAN JOAQUIN GENERAL HOSPITAL	11,328
391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	20,321
391056	SUTTER TRACY COMMUNITY HOSPITAL	5,198
392232	ST. JOSEPH'S BEHAVIORAL HEALTH CENTER	1,687
392287	DOCTORS HOSPITAL OF MANTECA	4,864
394003	SAN JOAQUIN COUNTY P.H.F.	1,236
394009	KAISER FND HOSP-MANTECA	3,760
400466	ARROYO GRANDE COMMUNITY HOSPITAL	2,921
400480	FRENCH HOSPITAL MEDICAL CENTER	5,164
400524	SIERRA VISTA REGIONAL MEDICAL CENTER	7,574
400548	TWIN CITIES COMMUNITY HOSPITAL	5,789
404046	SAN LUIS OBISPO CO PSYCHIATRIC HEALTH FACILITY	980
410782	SAN MATEO MEDICAL CENTER	4,256
410804	KAISER FND HOSP - REDWOOD CITY	8,608
410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	6,828
410817	SETON MEDICAL CENTER	10,888
410828	SETON MEDICAL CENTER - COASTSIDE	120
410852	PENINSULA MEDICAL CENTER	17,113
410891	SEQUOIA HOSPITAL	9,405
414018	MENLO PARK SURGICAL HOSPITAL	184
420483	GOLETA VALLEY COTTAGE HOSPITAL	2,139
420491	LOMPOC HEALTHCARE DISTRICT	2,956
420493	MARIAN MEDICAL CENTER	14,060
420514	SANTA BARBARA COTTAGE HOSPITAL	21,129
420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	306
424002	SANTA BARBARA COUNTY P.H.F.	483
424047	REHABILITATION INSTITUTE AT SANTA BARBARA	412

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
430705	REGIONAL MEDICAL OF SAN JOSE	10,779
430743	COMMUNITY HOSPITAL OF LOS GATOS	4,656
430763	EL CAMINO HOSPITAL	20,754
430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	21,387
430805	KAISER FND HOSP - SANTA CLARA	12,763
430837	O'CONNOR HOSPITAL - SAN JOSE	18,612
430883	SANTA CLARA VALLEY MEDICAL CENTER	29,991
430905	STANFORD HOSPITAL	23,160
431506	KAISER FND HOSP - SAN JOSE	16,370
434040	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD	17,589
434051	CHILDRENS RECOVERY CENTER OF NORTHERN CALIFORNIA	13
434138	ST. LOUISE REGIONAL HOSPITAL	4,181
434153	KAISER FND HOSP - SANTA CLARA	8,705
440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	14,298
444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	2,853
444013	WATSONVILLE COMMUNITY HOSPITAL	7,554
450936	MAYERS MEMORIAL HOSPITAL	650
450940	SHASTA REGIONAL MEDICAL CENTER	8,316
450949	MERCY MEDICAL CENTER	15,877
454012	NORTHERN CALIFORNIA REHABILITATION HOSPITAL	942
454013	PATIENTS' HOSPITAL OF REDDING	351
470871	MERCY MEDICAL CENTER MT. SHASTA	1,821
474007	FAIRCHILD MEDICAL CENTER	2,034
480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	17,778
481015	ST. HELENA HOSPITAL CENTER FOR BEHAVIORAL HEALTH	2,020
481094	SUTTER SOLANO MEDICAL CENTER	6,503
481357	NORTH BAY MEDICAL CENTER	7,313
484001	NORTH BAY VACAVALLEY HOSPITAL	2,601
484028	TELECARE SOLANO PSYCHIATRIC HEALTH FACILITY	540
490919	SUTTER MEDICAL CENTER OF SANTA ROSA-CHANATE CAMPUS	7,926
490964	HEALDSBURG DISTRICT HOSPITAL	676
491001	PETALUMA VALLEY HOSPITAL	3,962
491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	15,365
491076	SONOMA VALLEY HOSPITAL	2,121
491338	PALM DRIVE HOSPITAL	1,085
494019	KAISER FND HOSP - SANTA ROSA	10,366
500852	DOCTORS MEDICAL CENTER	23,026
500867	EMANUEL MEDICAL CENTER, INC	13,991
500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	20,948
500954	KINDRED HOSPITAL MODESTO	649
500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	2,150
501016	DOCTORS MEDICAL CENTER-BEHAVIORAL HEALTH DEPARTMENT	1,825
504038	STANISLAUS SURGICAL HOSPITAL	1,317

Appendix B

Discharges by Facility

OSHPD_ID	Facility Name	# of Discharges
510882	FREMONT MEDICAL CENTER	8,448
514001	SUTTER-YUBA PSYCHIATRIC HEALTH FACILITY	328
514033	NORTH VALLEY BEHAVIORAL HEALTH	462
514037	SEQUOIA PSYCHIATRIC CENTER - PHF	477
521041	ST. ELIZABETH COMMUNITY HOSPITAL	4,702
531059	TRINITY HOSPITAL	404
540734	KAWEAH DELTA DISTRICT HOSPITAL	23,997
540798	SIERRA VIEW DISTRICT HOSPITAL	10,526
540816	TULARE DISTRICT HOSPITAL	6,129
551061	TUOLUMNE GENERAL MEDICAL FACILITY	1,150
554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	5,210
560203	AURORA VISTA DEL MAR HOSPITAL	3,125
560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	15,964
560481	VENTURA COUNTY MEDICAL CENTER	15,909
560492	LOS ROBLES HOSPITAL & MEDICAL CENTER	15,072
560501	OJAI VALLEY COMMUNITY HOSPITAL	1,276
560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	3,787
560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	5,486
560529	ST. JOHN'S REGIONAL MEDICAL CENTER	12,327
560838	PACIFIC SHORES HOSPITAL	276
564121	THOUSAND OAKS SURGICAL HOSPITAL	856
571086	WOODLAND MEMORIAL HOSPITAL	5,136
574010	SUTTER DAVIS HOSPITAL	4,539
580996	RIDEOUT MEMORIAL HOSPITAL	6,601

Appendix C

Expected Source of Payment Definitions and Plan Code Numbers

Payer Categories

Medicare – A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.

Medi-Cal – A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.

Private Coverage – Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners. Automobile insurance payments are also included in this category.

Workers' Compensation – Payment from workers' compensation insurance, government or privately sponsored.

County Indigent Programs – Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or other Realignment Funds whether or not a bill is rendered.

Other Government – Any form of payment from government agencies, whether local, state, federal or foreign, except those listed above. Includes funds received through California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration. Included are funds received as Federal reimbursement of emergency health services furnished to undocumented and other specified aliens as part of the Medicare Prescription Drug Improvement and Modernization Act (MMA).

Other Indigent – Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy. Includes indigent patients except those in County Indigent Programs.

Self Pay – Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of patient's bill is not expected to be paid by any form of insurance or other health plan.

Other Payer – Any third party payment not included above. Included are cases where no payment will be required by the facility, such as special research or courtesy patients. Live organ donors are also included in this category.

Type of Coverage

Managed Care - Knox/Keene-Medi-Cal County Organized Health System. Healthcare service plans, including Health Maintenance Organizations (HMO), licensed

Appendix C

Expected Source of Payment Definitions and Plan Code Numbers

by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems (MCOHS).

Managed Care-Other. Healthcare plans, except those above, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS). This applies to all non-HMO managed care.

Traditional Coverage. All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers. Includes funds received as Federal reimbursement of emergency health services furnished to undocumented and other specified aliens as part of the Medicare Prescription Drug Improvement and Modernization Act (MMA).

Payer Plan Codes

Under the first Type of Coverage, the payer plan code number represents the name of the Knox-Keene licensed plan or the Medi-Cal County Organized Health System (MCOHS). These plan codes apply to payers: Medicare, Medi-Cal, Private Coverage, Workers Compensation, County Indigent Programs, and Other Government. Plan code number 8000 may be reported if the Knox-Keene Licensed Plan was not listed in the current regulations. Plan code number 0000 is reported for other managed care coverage, traditional coverage, non-California HMO, or out-of-state HMO.

Code	Payer Plan Name
0000	Plan Code not applicable
0008	UHP Healthcare
0043	Blue Shield of California
0054	Contra Costa Health Plan
0055	Kaiser Foundation Health Plan, Inc.
0102	Vista Behavioral Health Plan
0126	Health Plan of America (HPA) / PacifiCare of California / Secure Horizons
0142	Lifeguard, Inc.
0151	Inter Valley Health Plan
0152	Cigna HealthCare of California, Inc.
0159	Health Plan of the Redwoods
0176	Aetna Health Plans of California, Inc.
0196	Managed Health Network
0200	Community Health Group
0209	Universal Care
0212	SCAN Health Plan / Smartcare Health Plan
0231	Holman Professional Counseling Centers

Appendix C

Expected Source of Payment Definitions and Plan Code Numbers

Code	Payer Plan Name
0236	Santa Clara Valley Medical Center / Valley Health Plan
0248	Community Health Plan (County of Los Angeles)
0259	U.S. Behavioral Health Plan, California
0266	UHC Healthcare
0278	Chinese Community Health Plan
0292	HAI, Hai-Ca
0293	ValueOptions of California, Inc. / Value Behavioral Health of California, Inc.
0296	AET Health Care Plan Of California
0298	Cigna Behavioral Health of California
0300	Health Net of California, Inc.
0301	PacifiCare Behavioral Health of California
0303	Blue Cross of California
0310	Sharp Health Plan
0322	American Family Care / Molina Healthcare of California
0324	Tower Health Service
0325	One Health Plan of California Inc.
0326	Care 1st Health Plan
0328	Alameda Alliance for Health
0335	Kern Health Systems Inc
0338	The Health Plan of San Joaquin / (The) Health Plan of San Joaquin
0344	Ventura County Health Care Plan
0346	Inland Empire Health Plan (IEHP)
0348	Western Health Advantage
0349	San Francisco Health Plan
0351	Santa Clara Family Health Plan
0352	Brown and Toland Medical Group
0355	LA Care Health Plan
0357	Heritage Provider Network, Inc.
0358	Health Plan Of San Mateo
0367	Primecare Medical Network, Inc.
0377	Scripps Clinic Health Plan Services, Inc.
0385	On Lok Senior Health Services
0390	Medcore HP
0394	Caloptima (Orange County)
0397	Avante Behavioral Health Plan
0400	Santa Barbara Regional Health Authority
0401	Central Coast Alliance For Health (Santa Cruz County/Monterey County)
0404	Central Health Plan
0408	CareMore Insurance Services, Inc.
8000	Other HMO
9030	Cal Optima (Orange County)
9041	Health Plan of San Mateo (San Mateo County)

Appendix C

Expected Source of Payment Definitions and Plan Code Numbers

Code	Payer Plan Name
9042	Santa Barbara Health Authority (Santa Barbara County)
9044	Central Coast Alliance For Health (Santa Cruz)
9048	Solano Partnership Health Plan (Solano County)

Appendix D

Source of Admission and Disposition Definitions

Source of Admission (SOA): In January of 1997, in order to fully describe the patient's source of admission, three aspects of the source were collected: first, the site from which the patient originated; second, the licensure of the site from which the patient originated; and, third, the route by which the patient was admitted. Each of these are described in detail below. If any part of the patient's source of admission is unknown, invalid or blank, then a value of "0" is assigned to that portion(s) of the source of admission code.

SOA Site:

Home: Includes patients admitted from the patient's home, the home of a relative or friend, or a vacation site, whether or not the patient was seen at an outpatient clinic or physician's office, or had been receiving home health services or hospice care at home. This category includes patients admitted from a home environment (e.g., half-way house, group home, foster care, women's shelter), patients admitted from an Alcoholism or Drug Abuse Recovery or Treatment Facility as licensed by the Department of Alcoholism and Drug Programs, homeless persons, mothers who deliver at home, babies born at home, patients coming from another hospital's emergency department, homeless persons, patients taken to a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation under a psychiatric hold order (5150), and patients coming from a site not included in the license of any hospital.

Residential Care Facility: Includes patients admitted from a facility in which the patient resides and that provides special assistance to its residents in activities of daily living, but that provides no organized healthcare. This category includes patients admitted from various types of facilities that provide supportive and custodial care (e.g., board and care, residential care facilities for the elderly). Also included in this category are Mental Health Rehabilitation Centers (MHRC) that are licensed by the California Department of Mental Health (DMH).

Ambulatory Surgery: Includes patients admitted after treatment or examination in an ambulatory surgery facility, whether hospital-based or a freestanding licensed ambulatory surgery clinic or certified ambulatory surgery center. Outpatient clinics and physicians' offices not licensed and/or certified as an ambulatory surgery facility are excluded from this category. Includes patients admitted from an out-of-state, federal, or foreign licensed ambulatory surgical facility.

Skilled Nursing/Intermediate Care (SN/IC): Includes patients admitted from skilled nursing care or intermediate care, whether freestanding or hospital-based, or from a Congregate Living Health Facility, as defined by Subdivision (i) of Section 1250 of the Health and Safety Code. This category includes patients admitted from a skilled nursing bed for the Medi-Cal Subacute Care and Transitional Care Program, an acute care bed that is used to provide skilled nursing care in an approved swing bed program, a California Department of Corrections (prison) skilled nursing facility, an out-of-state, federal, or foreign SNF/IC, and an Institute for Mental Disease (IMD).

Appendix D

Source of Admission and Disposition Definitions

Acute Hospital Care: Includes patients who were inpatients at a hospital, and who were receiving inpatient hospital care of a medical/surgical nature, such as in a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of a hospital. This category includes patients admitted from a California Department of Corrections (prison) hospital, an acute care bed for the Medi-Cal Subacute Care Program at another hospital, and an acute care bed for the Medi-Cal Transitional Care Program at another hospital, and an out-of-state, federal, or foreign acute hospital.

Other Hospital Care: Includes patients who were inpatients at a hospital, and who were receiving inpatient hospital care not of a medical/surgical nature, such as in a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit. Includes patients admitted from an out-of-state, federal, or foreign hospital providing non-acute care services.

Newborn: Babies born alive in the admitting hospital. This category excludes babies born prior to admission to the hospital.

Prison/Jail: Includes patients admitted from a correctional institution, including juvenile hall.

Other: Includes patients admitted from a source other than mentioned above. This category also includes patients admitted from a freestanding, not hospital-based, inpatient hospice facility. Includes babies born before admission to the hospital, such as automobile, taxicab, ambulance, alternative birthing clinic, physician's office, retail store, hospital's emergency room, hospital's elevator/lobby/waiting room. Excludes babies born at home (see Home).

SOA Licensure:

This Hospital: Includes ambulatory surgery, skilled nursing/intermediate care, acute hospital care, or other hospital care from which the patient was admitted and operated as part of the license of the admitting hospital. This category includes all newborns born in the hospital and born in the admitting hospital's ER. A consolidated hospital that submits one report with one facility identification number report the licensure of site as "This Hospital".

Another Hospital: Includes ambulatory surgery, skilled nursing/intermediate care, acute hospital care, or other hospital care from which the patient was admitted and operated as part of the license of some other hospital. This category includes patients admitted from a consolidated hospital that has elected to submit separate discharge data reports to OSHPD for each facility, babies born in another hospital's emergency department, and patients from an out-of-state, federal, or foreign acute hospital. Federal hospitals may include Veterans Administration, Department of Defense, or Public Health Service hospitals.

Not a Hospital: The site from which the patient was admitted was not operated under the license of a hospital. Includes all patients admitted from Home, Residential Care, Prison/Jail, and Other sites. Includes patients admitted from Ambulatory Surgery or Skilled Nursing/Intermediate Care sites that were not operated under the authority of the

Appendix D

Source of Admission and Disposition Definitions

license of any hospital. Excludes all patients admitted from Acute Hospital Care or Other Hospital Care.

SOA Route:

This Hospital's Emergency Room: Includes any patient admitted as an inpatient after being treated or examined in the admitting hospital's emergency room. Excludes patients seen in the emergency room of another hospital.

Not this Hospital's Emergency Room: Includes any patient admitted as an inpatient without being treated or examined in this hospital's emergency room. This category also includes patients seen in the emergency room of some other hospital and patients not seen in any emergency room.

Disposition:

Routine Discharge: A patient discharged from this hospital to return home, another private residence (e.g., half-way house, group home, foster care, woman's shelter), or an Alcoholism or Drug Abuse Recovery or Treatment Facility as licensed by the Department of Alcoholism and Drug Programs. This category includes patients scheduled for follow-up care at a physician's office or sent home for hospice care. Includes patients who are homeless. It excludes patients referred to a home health service.

Acute Care within this Hospital: A patient discharged to inpatient hospital care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit within the reporting hospital. A consolidated hospital that submits one report with one facility identification number includes discharges from other types of hospital care within this hospital to "Acute Care within This Hospital".

Other Type of Care within this Hospital: A patient discharged to inpatient hospital care not of a medical/surgical nature and not skilled nursing/intermediate care, such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit within the reporting hospital. A consolidated hospital that submits one report with one facility identification number includes discharges acute care to "Other Type of Hospital Care within this Hospital"; and discharges from other types of hospital care within this hospital to "Other Type of of Hospital Care within this Hospital".

Skilled Nursing/Intermediate Care (SN/IC) within this Hospital: A patient discharged to a Skilled Nursing / Intermediate Care (SN/IC) distinct part within the reporting hospital. This category includes skilled nursing beds for the Medi-Cal Subacute Care and Medi-Cal Transitional Care Programs. It also includes patients discharged to acute care beds that are used to provide skilled nursing care in an approved swing bed program, an Institution for Mental Disease (IMD), or a skilled nursing facility for hospice care. A consolidated hospital that submits one report with one facility identification number includes discharges acute care to "Skilled Nursing/Intermediate Care within this

Appendix D

Source of Admission and Disposition Definitions

Hospital”; and discharges from other types of hospital care within this hospital to “Skilled Nursing/Intermediate Care within this Hospital”.

Acute Type of Hospital Care at another Hospital, (not SN/IC): A patient discharged to another hospital to receive inpatient care that is of a medical/surgical nature, such as to a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of another hospital. This category includes patients discharged between two facilities of a consolidated arrangement that elected to submit two or more discharge data reports to OSHPD. It also includes patients discharged to an acute care bed for the Medi-Cal Subacute Care Program or Medi-Cal Transitional Care Program of another acute care hospital, or to an acute care bed at an out-of-state, federal, or foreign hospital. Federal hospitals may include Veterans Administration, Department of Defense, or Public Health Service hospitals.

Other Type of Hospital Care at another Hospital, (not SN/IC): A patient discharged to another hospital to receive inpatient hospital care such as to a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment at another hospital, not of a medical/surgical nature and not skilled nursing/intermediate care. This category includes patients discharged between two facilities of a consolidated arrangement that elected to submit two discharge data reports to OSHPD. It also includes patients discharged to an acute care bed at an out-of-state, federal, or foreign hospital. Federal hospitals may include Veterans Administration, Department of Defense, or Public Health Service hospitals.

Skilled Nursing/Intermediate Care, Elsewhere: A patient discharged from this hospital to a Skilled Nursing/Intermediate Care type of care, either freestanding or a distinct part within another hospital, or to a Congregate Living Health Facility, as defined by Subsection (i) of Section 1250 of the Health and Safety Code. This category includes discharges to skilled nursing beds for the Medi-Cal Subacute Care, Medi-Cal Transitional Care Programs, acute care beds that are used to provide skilled nursing care in an approved swing bed program at another hospital, skilled nursing facility for hospice care at another facility, an Institute for Mental Disease (IMD), skilled nursing bed at an out-of-state, federal, or foreign hospital. Federal hospitals may include Veterans Administration, Department of Defense, or Public Health Service hospitals. This category includes patients discharged between two facilities of a consolidated arrangement that elected to submit two discharge data reports to OSHPD.

Residential Care Facility: A patient discharged to a facility that provides special assistance to its residents in activities of daily living, but that provides no organized healthcare. This includes discharges to Mental Health Rehabilitation Centers (MHRC), to various types of facilities that provide supportive and custodial care. The facilities are licensed by the California Department of Social Services and are not considered to be health facilities. The facilities are referred to by a variety of terms (e.g., board and care, residential care for the elderly).

Prison/Jail: A patient discharged to a correctional institution, including juvenile hall.

Appendix D

Source of Admission and Disposition Definitions

Against Medical Advice: Patient left the hospital against medical advice, without a physician's discharge order. Psychiatric "away without leave status" (AWOL) are also included in this category.

Died: All episodes of inpatient care that terminated in death. Patient expired after admission and before leaving the hospital.

Home Health Service: A patient referred to a licensed home health service program. This category includes patients discharged home with home health services.

Other: A patient discharged to some place other than mentioned above. Includes patients discharged to a freestanding, not hospital-based, inpatient hospice facility.

Appendix E

Race and Ethnicity Definitions

Race and Ethnicity data is most accurate when patients are asked to identify their own race and ethnicity. Self-identification may include the use of a form displaying race/ethnicity choices. Because data quality deteriorates when assumptions are based on the patient's or a family member's name, physical appearance, place of birth, or primary language, hospitals are instructed to code Race and Ethnicity as "Unknown" if the patient or family member is unable or unwilling to declare. The parents declare the ethnicity and race of a newborn. If the parent(s) is unable or unwilling to declare the newborn's race, it is appropriate for the hospital reporting to OSHPD to report the ethnicity and race of the mother for that of the newborn. Multiracial patients may choose any one of the categories that is at least partially accurate (including "Other"). For more discussion and examples of coding guidelines, see the California Inpatient Data Reporting Manual at www.oshpd.ca.gov/HID/MIRCal/IPManual.html.

Race

White: A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East.

Black: A person having origins in or who identifies with any of the Black racial groups of Africa.

Native American/Eskimo/Aleut: A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander: A person having origins in or who identifies with any of the original Oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Other: Any possible options not covered in the above categories. This includes patients who cite more than one race.

Unknown: Includes patients who cannot or refuse to declare race.

Ethnicity

Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

Hispanic: A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

Non-Hispanic: A person who identifies with a culture or origin other than Hispanic.

Unknown: Includes patients who cannot or will not declare their ethnicity. Unknown is also used as a default for reported invalid and blank values of ethnicity.

Appendix F

Major Diagnostic Categories (MDCs)

MDC Code	MDC Description
00	UNGROUPABLE
01	NERVOUS SYSTEM, DISEASES & DISORDERS
02	EYE, DISEASES & DISORDERS
03	EAR, NOSE, MOUTH, & THROAT, DISEASES & DISORDERS
04	RESPIRATORY SYSTEM, DISEASES & DISORDERS
05	CIRCULATORY SYSTEM, DISEASES & DISORDERS
06	DIGESTIVE SYSTEM, DISEASES & DISORDERS
07	HEPATOBIILIARY SYSTEM & PANCREAS, DISEASES & DISORDERS
08	MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE, DISEASES & DISORDERS
09	SKIN, SUBCUTANEOUS TISSUE & BREAST, DISEASES & DISORDERS
10	ENDOCRINE, NUTRITIONAL, AND METABOLIC, DISEASES & DISORDERS
11	KIDNEY AND URINARY TRACT, DISEASES & DISORDERS
12	MALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS
13	FEMALE REPRODUCTIVE SYSTEM, DISEASES & DISORDERS
14	PREGNANCY, CHILDBIRTH, & THE PUERPERIUM
15	NEWBORNS AND NEONATE CONDITIONS BEGAN IN PERINATAL PERIOD
16	BLOOD, BLOOD FORMING ORGANS, IMMUNOLOGICAL, DISEASES & DISORDERS
17	MYELOPROLIFERATIVE DISEASES & POORLY DIFFERENTIATED NEOPLASMS
18	INFECTIOUS & PARASITIC DISEASES
19	MENTAL DISEASES & DISORDERS
20	ALCOHOL-DRUG USE AND ALCOHOL-DRUG INDUCED ORGANIC MENTAL DISEASES
21	INJURIES, POISONINGS, AND TOXIC EFFECTS OF DRUGS
22	BURNS
23	FACTORS ON HEALTH STATUS & OTHER CONTACTS WITH HEALTH SERVICES
24	MULTIPLE SIGNFICANT TRAUMA
25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS

Appendix G

Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
001	CRANIOTOMY AGE >17 W CC
002	CRANIOTOMY AGE >17 W/O CC
003	CRANIOTOMY AGE 0-17
006	CARPAL TUNNEL RELEASE
007	PERIPHERAL/CRANIAL NERVE/OTHER NERVOUS SYSTEM PROCEDURES W CC
008	PERIPHERAL/CRANIAL NERVE/OTHER NERVOUS SYSTEM PROC W/O CC
009	SPINAL DISORDERS & INJURIES
010	NERVOUS SYSTEM NEOPLASMS W CC
011	NERVOUS SYSTEM NEOPLASMS W/O CC
012	DEGENERATIVE NERVOUS SYSTEM DISORDERS
013	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION
015	NONSPECIFIC CEREBROVASCULAR & PRECEREBRAL OCCLUSION W/O INFARCT
016	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
017	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC
018	CRANIAL & PERIPHERAL NERVE DISORDERS W CC
019	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC
021	VIRAL MENINGITIS
022	HYPERTENSIVE ENCEPHALOPATHY
023	NONTRAUMATIC STUPOR & COMA
026	SEIZURE & HEADACHE AGE 0-17
027	TRAUMATIC STUPOR & COMA, COMA >1 HR
028	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC
029	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC
030	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
031	CONCUSSION AGE >17 W CC
032	CONCUSSION AGE >17 W/O CC
033	CONCUSSION AGE 0-17
034	OTHER DISORDERS OF NERVOUS SYSTEM W CC
035	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC
036	RETINAL PROCEDURES
037	ORBITAL PROCEDURES
038	PRIMARY IRIS PROCEDURES
039	LENS PROCEDURES W OR W/O VITRECTOMY
040	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17
041	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17
042	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS
043	HYPHEMA
044	ACUTE MAJOR EYE INFECTIONS
045	NEUROLOGICAL EYE DISORDERS
046	OTHER DISORDERS OF THE EYE AGE >17 W CC
047	OTHER DISORDERS OF THE EYE AGE >17 W/O CC

Appendix G

Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
048	OTHER DISORDERS OF THE EYE AGE 0-17
049	MAJOR HEAD & NECK PROCEDURES
050	SIALOADENECTOMY
051	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
052	CLEFT LIP & PALATE REPAIR
053	SINUS & MASTOID PROCEDURES AGE >17
054	SINUS & MASTOID PROCEDURES AGE 0-17
055	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
056	RHINOPLASTY
057	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
058	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
059	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
060	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
061	MYRINGOTOMY W TUBE INSERTION AGE >17
062	MYRINGOTOMY W TUBE INSERTION AGE 0-17
063	OTHER EAR, NOSE, MOUTH & THROAT OPERATING ROOM PROCEDURES
064	EAR, NOSE, MOUTH & THROAT MALIGNANCY
065	DYSEQUILIBRIUM
066	EPISTAXIS
067	EPIGLOTTITIS
068	OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE >17 W CC
069	OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE >17 W/O CC
070	OTITIS MEDIA & UPPER RESPIRATORY INFECTION AGE 0-17
071	LARYNGOTRACHEITIS
072	NASAL TRAUMA & DEFORMITY
073	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
074	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17
075	MAJOR CHEST PROCEDURES
076	OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES W CC
077	OTHER RESPIRATORY SYSTEM OPERATING ROOM PROCEDURES W/O CC
078	PULMONARY EMBOLISM
079	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC
080	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC
081	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
082	RESPIRATORY NEOPLASMS
083	MAJOR CHEST TRAUMA W CC
084	MAJOR CHEST TRAUMA W/O CC
085	PLEURAL EFFUSION W CC
086	PLEURAL EFFUSION W/O CC
087	PULMONARY EDEMA & RESPIRATORY FAILURE
088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC

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Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
090	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC
091	SIMPLE PNEUMONIA & PLEURISY AGE 0-17
092	INTERSTITIAL LUNG DISEASE W CC
093	INTERSTITIAL LUNG DISEASE W/O CC
094	PNEUMOTHORAX W CC
095	PNEUMOTHORAX W/O CC
096	BRONCHITIS & ASTHMA AGE >17 W CC
097	BRONCHITIS & ASTHMA AGE >17 W/O CC
098	BRONCHITIS & ASTHMA AGE 0-17
099	RESPIRATORY SIGNS & SYMPTOMS W CC
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM
104	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH
105	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH
106	CORONARY BYPASS W PTCA
108	OTHER CARDIOTHORACIC PROCEDURES
110	MAJOR CARDIOVASCULAR PROCEDURES W CC
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC
113	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXC UPPER LIMB & TOE
114	UPPER LIMB & TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
118	CARDIAC PACEMAKER DEVICE REPLACEMENT
119	VEIN LIGATION & STRIPPING
120	OTHER CIRCULATORY SYSTEM OPERATING ROOM PROCEDURES
121	CIRCULATORY DISORDERS W AMI/MAJOR COMPLICATION, DISCHARGED ALIVE
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMPL, DISCHARGED ALIVE
123	CIRCULATORY DISORDERS W AMI, EXPIRED
124	CIRCULATORY DISORDERS EX AMI, W CARD CATH & COMPLEX DIAG
125	CIRCULATORY DISORDERS EX AMI, W CARD CATH W/O COMPLEX DIAG
126	ACUTE & SUBACUTE ENDOCARDITIS
127	HEART FAILURE & SHOCK
128	DEEP VEIN THROMBOPHLEBITIS
129	CARDIAC ARREST, UNEXPLAINED
130	PERIPHERAL VASCULAR DISORDERS W CC
131	PERIPHERAL VASCULAR DISORDERS W/O CC
132	ATHEROSCLEROSIS W CC
133	ATHEROSCLEROSIS W/O CC
134	HYPERTENSION
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC

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Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC
140	ANGINA PECTORIS
141	SYNCOPE & COLLAPSE W CC
142	SYNCOPE & COLLAPSE W/O CC
143	CHEST PAIN
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC
146	RECTAL RESECTION W CC
147	RECTAL RESECTION W/O CC
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
150	PERITONEAL ADHESIOLYSIS W CC
151	PERITONEAL ADHESIOLYSIS W/O CC
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
157	ANAL & STOMAL PROCEDURES W CC
158	ANAL & STOMAL PROCEDURES W/O CC
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC
163	HERNIA PROCEDURES AGE 0-17
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAGNOSES W CC
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAGNOSES W/O CC
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W CC
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC
168	MOUTH PROCEDURES W CC
169	MOUTH PROCEDURES W/O CC
170	OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES W CC
171	OTHER DIGESTIVE SYSTEM OPERATING ROOM PROCEDURES W/O CC
172	DIGESTIVE MALIGNANCY W CC
173	DIGESTIVE MALIGNANCY W/O CC
174	GASTROINTESTINAL HEMORRHAGE W CC
175	GASTROINTESTINAL HEMORRHAGE W/O CC
176	COMPLICATED PEPTIC ULCER
177	UNCOMPLICATED PEPTIC ULCER W CC
178	UNCOMPLICATED PEPTIC ULCER W/O CC
179	INFLAMMATORY BOWEL DISEASE
180	GASTROINTESTINAL OBSTRUCTION W CC

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Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
181	GASTROINTESTINAL OBSTRUCTION W/O CC
182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC
183	ESOPHAGITIS, GASTROENTERITIS/MISC DIGEST DISORDERS AGE >17 W/O CC
184	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE 0-17
185	DENTAL & ORAL DISEASE EXCEPT EXTRACTS & RESTORATION, AGE >17 W CC
186	DENTAL & ORAL DISEASE EXCEPT EXTRACTS & RESTORATION, AGE 0-17
187	DENTAL EXTRACTIONS & RESTORATIONS
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC
190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
193	BILIARY TRACT PROC EXC ONLY CHOLECYSTECTOMY W OR W/O C.D.E. W CC
194	BILIARY TRACT PROC EXC ONLY CHOLECYSTECTMY W OR W/O C.D.E. W/O CC
195	CHOLECYSTECTOMY W COMMON DUCT EXPLORATION (C.D.E) W CC
196	CHOLECYSTECTOMY W COMMON DUCT EXPLORATION W/O CC
197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
201	OTHER HEPATOBIILIARY OR PANCREAS OPERATING ROOM PROCEDURES
202	CIRRHOSIS & ALCOHOLIC HEPATITIS
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY
205	LIVER DISORDERS EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPA W CC
206	LIVER DISORDERS EXC MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPA W/O CC
207	DISORDERS OF THE BILIARY TRACT W CC
208	DISORDERS OF THE BILIARY TRACT W/O CC
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM/CONNECTIVE TISSUE DISORDERS
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
217	WND DEBRIDE/SKN GRFT EXCEPT HAND, MUSCULOSK/CONNECTIVE TISSUE DIS
218	LOWER EXTREM & HUMERUS PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC
219	LOWER EXTREM & HUMERU PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC
220	LOWER EXTREMITY & HUMERUS PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
224	SHOULDER, ELBOW OR FOREARM PROC, EXCEPT MAJOR JOINT PROC, W/O CC
225	FOOT PROCEDURES
226	SOFT TISSUE PROCEDURES W CC
227	SOFT TISSUE PROCEDURES W/O CC

Appendix G

Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
228	MAJOR THUMB OR JOINT PROC, OR OTHER HAND OR WRIST PROC W CC
229	HAND OR WRIST PROCEDURES, EXCEPT MAJOR JOINT PROCEDURES, W/O CC
230	LOCAL EXCISION/REMOVAL OF INTERNAL FIXATION DEVICES OF HIP/FEMUR
232	ARTHROSCOPY
233	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE O.R. PROC W CC
234	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE O.R. PROC W/O CC
235	FRACTURES OF FEMUR
236	FRACTURES OF HIP & PELVIS
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
238	OSTEOMYELITIS
239	PATHOLOGICAL FRACTURES/MUSCULOSKELETAL/CONNECTIVE TISSUE MALIG
240	CONNECTIVE TISSUE DISORDERS W CC
241	CONNECTIVE TISSUE DISORDERS W/O CC
242	SEPTIC ARTHRITIS
243	MEDICAL BACK PROBLEMS
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC
246	NON-SPECIFIC ARTHROPATHIES
247	SIGNS & SYMPTOMS MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
248	TENDONITIS, MYOSITIS & BURSTITIS
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
250	FRACTURE/SPRAIN/STRAIN/DISLOCA OF FOREARM/HAND/FOOT AGE >17 W CC
251	FRACTURE/SPRN/STRAIN/DISLO OF FOREARM, HAND, FOOT AGE >17 W/O CC
252	FRACTURE/SPRAIN/STRAIN/DISLOCATE OF FOREARM, HAND, FOOT AGE 0-17
253	FRACTURE/SPRN/STRN/DISL OF UPARM, LOW LEG EXCP FOOT AGE >17 W CC
254	FRACTU/SPRN/STRN/DISL OF UPARM/LOW LEG EXCP FOOT AGE >17 W /O CC
255	FRACTURE, SPRAIN, STRAIN/DISL OF UPARM, LOW LEG EXC FOOT AGE 0-17
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
261	BREAST PROCEDURE FOR NON-MALIGNANCY EXCEP BIOPSY & LOCAL EXCISION
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY
263	SKIN GRAFT &/OR DEBRIDE FOR SKIN ULCER OR CELLULITIS W CC
264	SKIN GRAFT &/OR DEBRIDE FOR SKIN ULCER OR CELLULITIS W/O CC
265	SKIN GRAFT &/OR DEBRIDE EXCEPT FOR SKIN ULCER OR CELLULITIS W CC
266	SKIN GRAFT &/OR DEBRIDE EXCPT FOR SKIN ULCER OR CELLULITIS W/O CC
267	PERIANAL & PILONIDAL PROCEDURES
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES
269	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES W CC
270	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST PROCEDURES W/O CC

Appendix G

Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
271	SKIN ULCERS
272	MAJOR SKIN DISORDERS W CC
273	MAJOR SKIN DISORDERS W/O CC
274	MALIGNANT BREAST DISORDERS W CC
275	MALIGNANT BREAST DISORDERS W/O CC
276	NON-MALIGNANT BREAST DISORDERS
277	CELLULITIS AGE >17 W CC
278	CELLULITIS AGE >17 W/O CC
279	CELLULITIS AGE 0-17
280	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 W CC
281	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE >17 W/O CC
282	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST AGE 0-17
283	MINOR SKIN DISORDERS W CC
284	MINOR SKIN DISORDERS W/O CC
285	AMPUTATE LOWER LIMB FOR ENDOCRINE, NUTRITIONAL, & METABOLIC DIS
286	ADRENAL & PITUITARY PROCEDURES
287	SKN GRFTS/WOUND DEBRIDE FOR ENDOCRINE/NUTRITIONAL/METABOLIC DIS
288	OPERATING ROOM PROCEDURES FOR OBESITY
289	PARATHYROID PROCEDURES
290	THYROID PROCEDURES
291	THYROGLOSSAL PROCEDURES
292	OTHER ENDOCRINE/NUTRITIONAL/METABOLIC OPERATING ROOM PROC W CC
293	OTHER ENDOCRINE/NUTRITIONAL/METABOLIC OPERATING ROOM PROC W/O CC
294	DIABETES AGE >35
295	DIABETES AGE 0-35
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17
299	INBORN ERRORS OF METABOLISM
300	ENDOCRINE DISORDERS W CC
301	ENDOCRINE DISORDERS W/O CC
302	KIDNEY TRANSPLANT
303	KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
304	KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM W CC
305	KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NON-NEOPLASM W/O CC
306	PROSTATECTOMY W CC
307	PROSTATECTOMY W/O CC
308	MINOR BLADDER PROCEDURES W CC
309	MINOR BLADDER PROCEDURES W/O CC
310	TRANSURETHRAL PROCEDURES W CC
311	TRANSURETHRAL PROCEDURES W/O CC
312	URETHRAL PROCEDURES, AGE >17 W CC

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Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
313	URETHRAL PROCEDURES, AGE >17 W/O CC
314	URETHRAL PROCEDURES, AGE 0-17
315	OTHER KIDNEY & URINARY TRACT OPERATING ROOM PROCEDURES
316	RENAL FAILURE
317	ADMIT FOR RENAL DIALYSIS
318	KIDNEY & URINARY TRACT NEOPLASMS W CC
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC
322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
323	URINARY STONES W CC, &/OR EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY
324	URINARY STONES W/O CC
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
328	URETHRAL STRICTURE AGE >17 W CC
329	URETHRAL STRICTURE AGE >17 W/O CC
330	URETHRAL STRICTURE AGE 0-17
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17
334	MAJOR MALE PELVIC PROCEDURES W CC
335	MAJOR MALE PELVIC PROCEDURES W/O CC
336	TRANSURETHRAL PROSTATECTOMY W CC
337	TRANSURETHRAL PROSTATECTOMY W/O CC
338	TESTES PROCEDURES, FOR MALIGNANCY
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17
340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
341	PENIS PROCEDURES
342	CIRCUMCISION AGE >17
343	CIRCUMCISION AGE 0-17
344	OTHER MALE REPRODUCTIVE SYSTEM OPERATING ROOM PROC FOR MALIGNANCY
345	OTHER MALE REPRODUCTIVE SYSTEM OPERATE RM PROC EXC FOR MALIGNANCY
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC
348	BENIGN PROSTATIC HYPERTROPHY W CC
349	BENIGN PROSTATIC HYPERTROPHY W/O CC
350	INFLAMMATION OF MALE REPRODUCTIVE SYSTEM
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
354	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY W CC
355	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY W/O CC

Appendix G

Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
360	VAGINA, CERVIX & VULVA PROCEDURES
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
362	ENDOSCOPIC TUBAL INTERRUPTION
363	DILATION & CURETTAGE, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
364	DILATION & CURETTAGE, CONIZATION EXCEPT FOR MALIGNANCY
365	OTHER FEMALE REPRODUCTIVE SYSTEM OPERATING ROOM PROCEDURES
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
370	CESAREAN SECTION W CC
371	CESAREAN SECTION W/O CC
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
374	VAGINAL DELIVERY W STERILIZATION &/OR DILATION & CURETTAGE
375	VAGINAL DELIVERY W OPERATION EXC STERILIZATION/DILATION/CURETTAGE
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O OPERATING ROOM PROCEDURE
377	POSTPARTUM & POST ABORTION DIAGNOSES W OPERATING ROOM PROCEDURE
378	ECTOPIC PREGNANCY
379	THREATENED ABORTION
380	ABORTION W/O DILATION & CURETTAGE
381	ABORTION W DILATION/CURETTAGE ASPIRATION CURETTAGE OR HYSTEROTOMY
382	FALSE LABOR
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
386	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
387	PREMATURITY W MAJOR PROBLEMS
388	PREMATURITY W/O MAJOR PROBLEMS
389	FULL TERM NEONATE W MAJOR PROBLEMS
390	NEONATE W OTHER SIGNIFICANT PROBLEMS
391	NORMAL NEWBORN
392	SPLENECTOMY AGE >17
393	SPLENECTOMY AGE 0-17
394	OTHER OPERATING ROOM PROCEDURES OF BLOOD & BLOOD FORMING ORGANS
395	RED BLOOD CELL DISORDERS AGE >17
396	RED BLOOD CELL DISORDERS AGE 0-17
397	COAGULATION DISORDERS

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Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROCEDURE W CC
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROCEDURE W/O CC
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC
405	ACUTE LEUKEMIA W/O MAJOR OPERATING ROOM PROCEDURE 0-17
406	MYELOPROLIFERA DISORD/POORLY DIFF NEOPLASM W MAJOR O.R. PROC W CC
407	MYELOPROLIF DISORD/POORLY DIFF NEOPLASM W MAJOR O.R. PROC W/O CC
408	MYELOPROLIFERATIVE DISORD/POORLY DIFF NEOPLASM W OTHER O.R. PROC
409	RADIOTHERAPY
410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY
412	HISTORY OF MALIGNANCY W ENDOSCOPY
413	OTHER MYELOPROLIF DISORDER OR POORLY DIFF NEOPLASM DIAG W CC
414	OTHER MYELOPROLIF DISORDER OR POORLY DIFF NEOPLASM DIAG W/O CC
417	SEPTICEMIA AGE 0-17
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC
421	VIRAL ILLNESS AGE >17
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES
424	OPERATING ROOM PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
426	DEPRESSIVE NEUROSES
427	NEUROSIS EXCEPT DEPRESSIVE
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL
429	ORGANIC DISTURBANCES & MENTAL RETARDATION
430	PSYCHOSES
431	CHILDHOOD MENTAL DISORDERS
432	OTHER MENTAL DISORDER DIAGNOSES
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE
439	SKIN GRAFTS FOR INJURIES
440	WOUND DEBRIDEMENTS FOR INJURIES
441	HAND PROCEDURES FOR INJURIES
442	OTHER OPERATING ROOM PROCEDURES FOR INJURIES W CC
443	OTHER OPERATING ROOM PROCEDURES FOR INJURIES W/O CC
444	TRAUMATIC INJURY AGE >17 W CC
445	TRAUMATIC INJURY AGE >17 W/O CC
446	TRAUMATIC INJURY AGE 0-17
447	ALLERGIC REACTIONS AGE >17

Appendix G

Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
448	ALLERGIC REACTIONS AGE 0-17
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC
451	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17
452	COMPLICATIONS OF TREATMENT W CC
453	COMPLICATIONS OF TREATMENT W/O CC
454	OTHER INJURY, POISONING & TOXIC EFFECTS DIAGNOSIS W CC
455	OTHER INJURY, POISONING & TOXIC EFFECTS DIAGNOSIS W/O CC
461	O.R. PROCEDURE W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES
462	REHABILITATION
463	SIGNS & SYMPTOMS W CC
464	SIGNS & SYMPTOMS W/O CC
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS
467	OTHER FACTORS INFLUENCING HEALTH STATUS
468	EXTENSIVE OPERATING RM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
470	UNGROUPABLE
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY
473	ACUTE LEUKEMIA W/O MAJOR OPERATING ROOM PROCEDURE AGE >17
476	PROSTATIC OPERATING RM PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS
479	OTHER VASCULAR PROCEDURES W/O CC
480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT
481	BONE MARROW TRANSPLANT
482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES
484	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
485	LIMB REATTACH, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA
486	OTHER OPERATING ROOM PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA
487	OTHER MULTIPLE SIGNIFICANT TRAUMA
488	HIV W EXTENSIVE OPERATING ROOM PROCEDURE
489	HIV W MAJOR RELATED CONDITION
490	HIV W OR W/O OTHER RELATED CONDITION
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
492	CHEMOTHERAPY W ACUTE LEUKEMIA AS 2ND DX OR W USE OF HI DOSE CHEMO
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O COMMON DUCT EXPLORATION W CC
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O COMMON DUCT EXPLORATION W/O CC
495	LUNG TRANSPLANT
496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
497	SPINAL FUSION EXCEPT CERVICAL W CC
498	SPINAL FUSION EXCEPT CERVICAL W/O CC
499	BACK & NECK PROCEDURES EX SPINAL FUSION W CC

Appendix G

Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
500	BACK & NECK PROCEDURES EX SPINAL FUSION W/O CC
501	KNEE PROCEDURES W PRINCIPAL DIAGNOSIS OF INFECTION W CC
502	KNEE PROCEDURES W PRINCIPAL DIAGNOSIS OF INFECTION W/O CC
503	KNEE PROCEDURES W/O PRINCIPAL DIAGNOSIS OF INFECTION
504	EXTENSIVE OR FULL THICK BURNS W MECH VENT 96+ HRS W SKIN GRAFT
505	EXTENSIVE OR FULL THICK BURNS W MECH VENT 96+ HRS W/O SKIN GRAFT
506	FULL THICKNESS BURN W SKIN GRFT/INHALATION INJURY W CC/SIG TRAUMA
507	FULL THICKNESS BURN W SKIN GRAFT/INHAL INJURY W/O CC/SIG TRAUMA
508	FULL THICKNESS BURN W/O SKIN GRAFT/INHAL INJURY W CC/SIG TRAUMA
509	FULL THICKNESS BURN W/O SKIN GRAFT/INHAL INJURY W/O CC/SIG TRAUMA
510	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA
511	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA
512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
513	PANCREAS TRANSPLANT
515	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATHETERIZATION
518	PERCUTANEOUS CARDIOVASCULAR PROC W/O CORONARY ARTERY STENT OR AMI
519	CERVICAL SPINAL FUSION W CC
520	CERVICAL SPINAL FUSION W/O CC
521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC
522	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHAB THERAPY W/O CC
523	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHAB THERAPY W/O CC
524	TRANSIENT ISCHEMIA
525	OTHER HEART ASSIST SYSTEM IMPLANT
528	INTRACRANIAL VASCULAR PROCEDURES W PRINCIPAL DIAGNOSIS HEMORRHAGE
529	VENTRICULAR SHUNT PROCEDURES W CC
530	VENTRICULAR SHUNT PROCEDURES W/O CC
531	SPINAL PROCEDURES W CC
532	SPINAL PROCEDURES W/O CC
533	EXTRACRANIAL PROCEDURES W CC
534	EXTRACRANIAL PROCEDURES W/O CC
535	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HEART FAILURE/SHOCK
536	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HEART FAILURE/SHOCK
537	LOCAL EXCIS & REMOVAL OF INTERNL FIX DEVICE EXCEPT HIP/FEMUR W CC
538	LOCAL EXCIS & REMOVAL OF INTRNL FIX DEVICE EXCEP HIP/FEMUR W/O CC
539	LYMPHOMA & LEUKEMIA W MAJOR OPERATING ROOM PROC W CC
540	LYMPHOMA & LEUKEMIA W MAJOR OPERATING ROOM PROCEDURE W/O CC
541	ECMO OR TRACH W MECH VENT 96+HRS OR PDX EXC HEAD DX W MAJOR OR
542	TRACH W MECH VENT 96+HRS OR PDX EX FACE/MOUTH/NECK DX WO MAJOR OR
543	CRANIOTOMY W IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PRINCDX
544	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY
545	REVISION OF HIP OR KNEE REPLACEMENT
546	SPINAL FUSION EXCEPT CERVICAL W CURVATURE OF SPINE OR MALIGNANCY

Appendix G

Diagnosis Related Groups (DRGs)

DRG Code	DRG Description
547	CORONARY BYPASS W CARDIAC CATH W MAJOR CARDIOVASCULAR DX
548	CORONARY BYPASS W CARDIAC CATH W/O MAJOR CARDIOVASCULAR DX
549	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CARDIOVASCULAR DX
550	CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CARDIOVASCULAR DX
551	PERM CARDIAC PACEMAKER IMPL W MAJOR CV DX OR AICD LEAD/GENERATOR
552	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CARDIOVASC DX
553	OTHER VASCULAR PROCEDURES W CC W MAJOR CARDIOVASCULAR DX
554	OTHER VASCULAR PROCEDURES W CC W/O MAJOR CARDIOVASCULAR DX
555	PERCUTANEOUS CARDIOVASCULAR PROCEDURE W MAJOR CARDIOVASCULAR DX
556	PERC CARDIOVAS DX W NON-DRUG-ELUTING STENT W/O MAJOR CARDIOVAS DX
557	PERC CARDIOVAS DX W DRUG-ELUTING STENT W MAJOR CARDIOVASCULAR DX
558	PERC CARDIOVAS DX W DRUG-ELUTING STENT W/O MAJOR CARDIOVASC DX
559	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT
560	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM
561	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC. VIRAL MENINGITIS
562	SEIZURE AGE > 17 W CC
563	SEIZURE AGE > 17 W/O CC
564	HEADACHES AGE > 17
565	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
566	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT < 96 HOURS
567	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE > 17 W CC, W MAJOR GI DX
568	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE > 17 W CC W/O MAJOR GI DX
569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC, W MAJOR GI DX
570	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC, W/O MAJOR GI DX
571	MAJOR ESOPHAGEAL DISORDERS
572	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS
573	MAJOR BLADDER PROCEDURES
574	MAJOR HEMATOLOGY/IMMUNE DX EXC. SICKLE CELL CRISIS & COAGULOPATHY
575	SEPTICEMIA W MECHANICAL VENTILATION 96+ HOURS AGE > 17
576	SEPTICEMIA W/O MECHANICAL VENTILATION 96+ HOURS AGE > 17
577	CAROTID ARTERY STENT PROCEDURE
578	INFECTIOUS & PARASITIC DISEASES W OR PROCEDURE
579	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W OR PROCEDURE

Appendix H Data Exceptions and Modifications

Facility ID	Facility Name	Begin Date	End Date	Data Element	Comments
For Edit Flag Description see: http://www.oshpd.ca.gov/HID/MIRCal/Text_pdfs/ManualsGuides/IPEditFlagDescGuideV13JAN2008FINAL.pdf					
'190052'	Barlow Hospital	7/1/2006	3/31/2007	Race	Turned off the Comparative rule 4005 on Race: Ethnicity for the effective dates, 7/1/06 thru 3/31/07. Per facility, they had not been capturing Ethnicity properly during this period and will have the data correct by 4/01/07.
'190410'	City of Angels-Ingleside Campus	7/1/2007	4/9/2008	Race	Turned off edit rule 4005 (C005) as a non-compliance effective through 04/09/2008 during the 7-12/07 rp. Facility contact has stated, "...investigation with admitting staff it appears that this field wasn't being filled out reliably. Therefore, we will need to file non-compliance on this field. I have spoken with the staff responsible for this data and it will be entered in accurately going forward."
		1/1/2007	6/30/2007	Race	Turned off comparative rule 4005 (C005). Issued an NC for this reporting period. Facility as computer access problems to the existing legacy system being used. Problem to be corrected for the 2nd half 2007 reporting period.
'190854'	Los Angeles Metropolitan Medical Center	1/1/2007	6/30/2007	Other Diagnoses Condition Present at Admission	Turned off all applicable rules except blank and invalid. Per facility, there is a technical computer problem which was identified in the abstracting screen. There was a default in the select column which coders could not over-ride to select N (no) response. The problem has been submitted to their IT department and a solution is being worked on. The IT department has confirmed that the problem is fixed and data for second half 2007 should be accurate and correct.
'424047'	REHAB. INSTITUTE AT SANTA BARBARA	7/1/2006	2/28/2007	Ethnicity	New staff member did not collect ethnicity accurately until March 1, 2007. Turned off all applicable Rules applicable to Race-ethnicity portion only with the exception of blank and invalid.
'424002'	Santa Barbara County - P.H.F.	7/1/2007	12/31/2007	Expected Source of Payment	Turned off all Trend ESOP edits as a non-compliance for this 7-12/2007 report period only. Facility contact has stated that on 07/01/2007 they changed software. For the period of July-Dec 2007 and going into Jan. 2008 they did not have all choices for the Source of Admission and Expected Source of Payment. Data for the next report period (Jan-June 2008) will be correct.
				Source of Admission	Turned off all Trend SOA edits and Comparative edit 4013 (C013) as a non-compliance for this 7-12/2007 report period only. Facility contact has stated that on 07/01/2007 they

Appendix H

Data Exceptions and Modifications

Facility ID	Facility Name	Begin Date	End Date	Data Element	Comments
					changed software. For the period of July-Dec 2007 and going into Jan. 2008 they did not have all choices for the Source of Admission and Expected Source of Payment. Data for the next report period (Jan-June 2008) will be correct.
				Other Diagnoses	Turned off edit rule 4020 (C020) for non-compliance for this report period 7-12/2007 report period only. Facility contact has stated this is an error in the new software installed in July 2007 and will be corrected by the next (Jan-June 2008) report period.
'330120'	Betty Ford Center of Eisenhower, The	1/1/2007	12/31/2007	Other Diagnosis Condition Present at Admission	Turned off comparative rule 4029 (C029). Modification received and granted for the Other Diagnosis Condition Present at Admission. Facility states that they are not collecting the information and are currently defaulting to yes. Processes are now in place to begin capturing the data.
'070988'	John Muir Medical Center	1/1/2007	12/30/2007	Other Diagnosis Condition Present at Admission	Received Modification request to use the vendor supplied mapping for the new CMS POA indicator on all exempt DX codes. Software vendor (McKesson) mapped those exempt code indicators to U causing several errors on newborn codes. Turned off standard edit S053 (0077) for the 1 to 6 07 reporting period only. Updated to extend through 7 to 12 07 per facility contact.
		7/1/2007	12/31/2007	Principal Diagnoses Condition Present at Admission	Received Modification request to use the vendor supplied mapping for the new CMS POA indicator on all exempt DX codes. Software vendor (McKesson) mapped those exempt code indicators to U causing several errors on newborn codes. Turned off standard edit S053 (0077) for the 1 to 6 07 reporting period only. Updated to extend through 7 to 12 07 per facility contact and Other DX.
'364110'	KAISER FDN HOSP - CHEM DEP PROGRAM	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'314024'	KAISER FDN HOSP - SACRAMENTO/ROSEVILLE - EUREKA	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'430805'	KAISER FDN HOSP - SANTA CLARA (OLD LOCATION)	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.

Appendix H Data Exceptions and Modifications

Facility ID	Facility Name	Begin Date	End Date	Data Element	Comments
'301132'	Kaiser Fdn Hosp - Anaheim	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'074097'	Kaiser Fdn Hosp - Antioch	11/7/2007	12/31/2007	Total Charges	Turned off Standard and Trend rules 0133, 0134, 0135, 0136, 0137, 0138, 3558, and 3559 on Total Charges for the current partial report period, 11/07/07 thru 12/31/07. Same as all other Kaiser North facilities modifications.
'196035'	Kaiser Fdn Hosp - Baldwin Park	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'190430'	Kaiser Fdn Hosp - Bellflower	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'361223'	Kaiser Fdn Hosp - Fontana	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'014132'	Kaiser Fdn Hosp - Fremont	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'104062'	Kaiser Fdn Hosp - Fresno	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'380857'	Kaiser Fdn Hosp - GEARY (S.F.)	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'190431'	Kaiser Fdn Hosp - Harbor City	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'010858'	Kaiser Fdn Hosp - Hayward	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'394009'	Kaiser Fdn Hosp - Manteca	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'190646'	Kaiser Fdn Hosp - Mental Health Center	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.

Appendix H Data Exceptions and Modifications

Facility ID	Facility Name	Begin Date	End Date	Data Element	Comments
'010856'	Kaiser Fdn Hosp - Oakland Campus	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'190432'	Kaiser Fdn Hosp - Panorama City	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'410804'	Kaiser Fdn Hosp - Redwood City	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'480989'	Kaiser Fdn Hosp - Rehab Ctr. - Vallejo	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'074093'	Kaiser Fdn Hosp - Richmond Campus	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'334025'	Kaiser Fdn Hosp - Riverside	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'340913'	Kaiser Fdn Hosp - Sacramento/Roseville - Morse	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'370730'	Kaiser Fdn Hosp - San Diego	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'431506'	Kaiser Fdn Hosp - San Jose	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'210992'	Kaiser Fdn Hosp - San Rafael	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'434153'	Kaiser Fdn Hosp - Santa Clara	7/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007. Also the Trend rules 3558 and 3559 on Adjusted Charges per Day were turned off for the same time.

Appendix H Data Exceptions and Modifications

Facility ID	Facility Name	Begin Date	End Date	Data Element	Comments
'494019'	Kaiser Fdn Hosp - Santa Rosa	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'342344'	Kaiser Fdn Hosp - South Sacramento	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'410806'	Kaiser Fdn Hosp - South San Francisco	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'190429'	Kaiser Fdn Hosp - Sunset	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'070990'	Kaiser Fdn Hosp - Walnut Creek	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'190434'	Kaiser Fdn Hosp - West LA	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'191450'	Kaiser Fdn Hosp - Woodland Hills	1/1/2007	12/31/2007	Total Charges	Modification request to not report Total Charges. Turned off rules 0133, 0135, 0136, 0137, 0138, 3558, 3559. Rules turned off for January 1 through December 31, 2007.
'190712'	Shriners Hospital - Los Angeles	1/1/2007	12/31/2007	Total Charges	Turned off standard rules 0133 (S001), 0134 (S002), 0135 (SW11). Received a Modification Request for the facility to report total charges as \$0 for the 2007 reporting periods. This is in keeping with the type of service that Shriners supplies in that services rendered are not charged for.
				Expected Source of Payment	Turned off comparative rule 4017 (C017). Received a Modification Request for the facility to report 100% records reported in one payer category for the 2007 reporting periods. Per discussions with Susan O., the Comparative edit, C017 (Rule 4017), should be added as an additional modification override affecting ESOP.
'344114'	Shriners Hospital - Northern Calif	1/1/2007	12/31/2007	Social Security Number	Turned off exception rule 5010 (X008). Per facility - patient population is frequently recently injured and from out of the country the SSN is non-existent.

Appendix H Data Exceptions and Modifications

Facility ID	Facility Name	Begin Date	End Date	Data Element	Comments
				Expected Source of Payment	Turned off Comparative rule 4017 (C017). Received a Modification Request for the facility to report 100% records reported in one payer category for the 2007 reporting periods. Per discussions with Susan O., the Comparative edit, C017 (Rule 4017), should be added as an additional modification override affecting ESOP.
				Total Charges	Turned off standard rules 0133 (S001), 0134 (S002), 0135 (SW11), 0136 (S055), 0137 (S056), 0138 (S057). Received a Modification Request for the facility to report total charges as \$0 for the 2007 reporting periods. This is in keeping with the type of service that Shriners supplies in that services rendered are not charged for.
				Prehospital Care and Resuscitation	Turned off comparative rule 4026. Per facility - we assume all our patients to be in good health and able to withstand planned surgery/treatments.

